

**Agenda Item No:** 6



Report to Overview and Scrutiny Committee

**Annual Sickness Report 2022/2023**

---

**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
- 

**Date of O&S meeting:** 11 July 2023

**Chair of O&S Committee:** TBC

**Relevant Portfolio(s):** Cllr Dawnie Nilsson– Portfolio Holder Human Resources and Customer Services

**Summary:** This report provides annual information on sickness absenteeism for 2022/23

**Exempt from Publication:** NO

**Background Papers:** none

**Contact:** Joy Cross  
HR Manager  
Tel 01233 330 400  
Joy.cross@ashford.gov.uk

## Annual Sickness Report 2022/23

### Introduction

1. This report provides members with sickness absence figures for the financial year 2022/23 (01 April 22 to 31 March 23). 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 mainly presented as the average number of working days lost due to sickness absence per Full Time Equivalent (FTE) employee during the year from 1 April 2022 to 31 March 2023.

### Sickness absence per employee 2022/23

3. **A total of 4,716 days** were lost due to sickness absence across the 12-month period from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023. Based on the number of Full Time Equivalent (FTE) employees at 31 March 2023, 487.12 FTE, **the total amount of working days lost due to sickness in 2022/23 is 9.68 days per FTE.**
4. Last year our total days lost due to sickness absence were 4,097 days. Days lost due to covid related sickness absence were 872.54 days and days lost due to all other sickness absence were 3,225 days; 4,097 days in total. **The number of days lost due to overall sickness absence has increased by 619 days or 15%.**
5. Last year it was reported that our days lost due to sickness absence were 6.33 days per FTE. It was explained in the report that, had we included Covid related sickness absence in these figures, the days lost would have been 8.04 days per FTE overall. **In total, working days lost due to all types of sickness per FTE has increased by 1.64 days**
6. Our total headcount on 31 March 2023 was 529. 374 employees incurred sickness absence periods during the period 2022/23. Therefore **155 employees or 30% of our workforce did not incur any periods of sickness absence during the 12-month period.** This percentage has reduced compared to last year's figure of 57% of the workforce who did not incur any sickness absence. However, in previous years this figure has sat at around 30-40% and therefore remains fairly stable. This change is likely attributable to the increase in employees working in the office more. If suffering from a minor ailment an employee is more likely to continue working if they are working from home but is more likely to take a day off sick if working in the office.
7. Of the 4,716 days lost due to sickness absence within the period, 2,506 days (53%) of this absence is categorised as short-term absence lasting up to and including 19 days; up from 42% of overall sickness absence last year. Therefore, 2,210 days (47%) of absenteeism is categorised as long-term; down from 58% last year. Both

short and long term sickness absence can be disruptive to service delivery and both categories tend to sit at around a 50:50 split each year. .

8. The following table shows the difference in actual days lost due to long term and short term sickness absence compared to the previous year; there is an increase in both categories.

	Long Term (more than 19 days)	Short Term (less than 20 days)
2021/22	1872	1353 + 872.54 (covid related) = 2225.54
2022/23	2210	2506
Difference	338	281

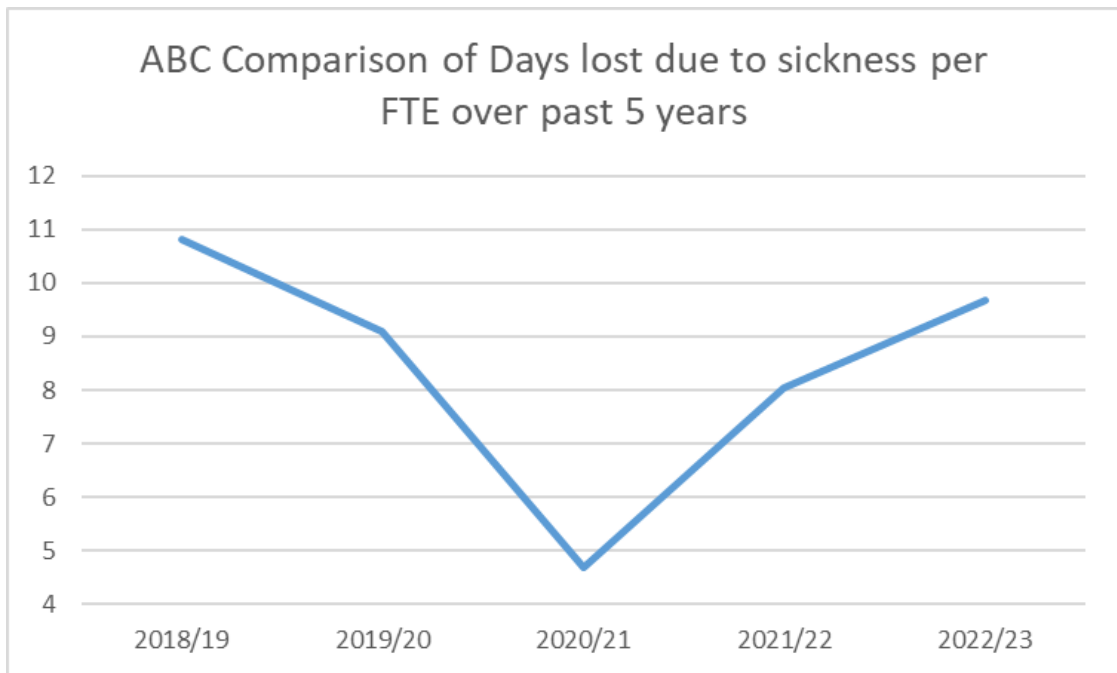
9. The report separates long-term sickness absence and short-term sickness absences as the nature of these two types of sickness absence, and the way in which they are supported, differs. It is therefore useful to consider the average days lost in each category.
- Days lost due to short-term sickness absence = 5.14 days per FTE.
  - Days lost due to long-term sickness absence = 4.54 days per FTE.

## Chronological Comparison

10. The following chart shows the number of days' sickness absence per employee (FTE) for each financial year over the past five years since 2018/19. We can see from these figures and the chart underneath that absence levels have returned to pre-covid normality.

Description	2018/19	2019/20	2020/21	2021/22	<b>2022/23</b>
Number of days lost due to sickness absence across the 12 month period from 1 <sup>st</sup> April to 31 <sup>st</sup> March	4,558	3,950	2,079	4,097	<b>4,716</b>
Total number of working days lost due to sickness within the year per FTE	10.8	9.1	4.7	6.3 *8.04	<b>9.68</b>
% of employees taking no time off work due to sickness absence	31%	30%	49%	57%	<b>30%</b>
% of short term absence (under 20 days)	44%	57%	56%	42%	<b>53%</b>
% of long term absence (20 days or more)	56%	43%	44%	58%	<b>47%</b>
Number of cases of long term sickness absence	39	34	17	39	<b>45</b>

\*including covid related absence

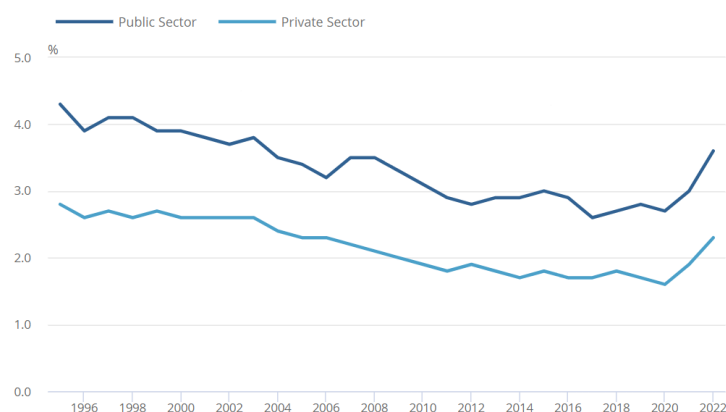


## Sickness Absence Rates

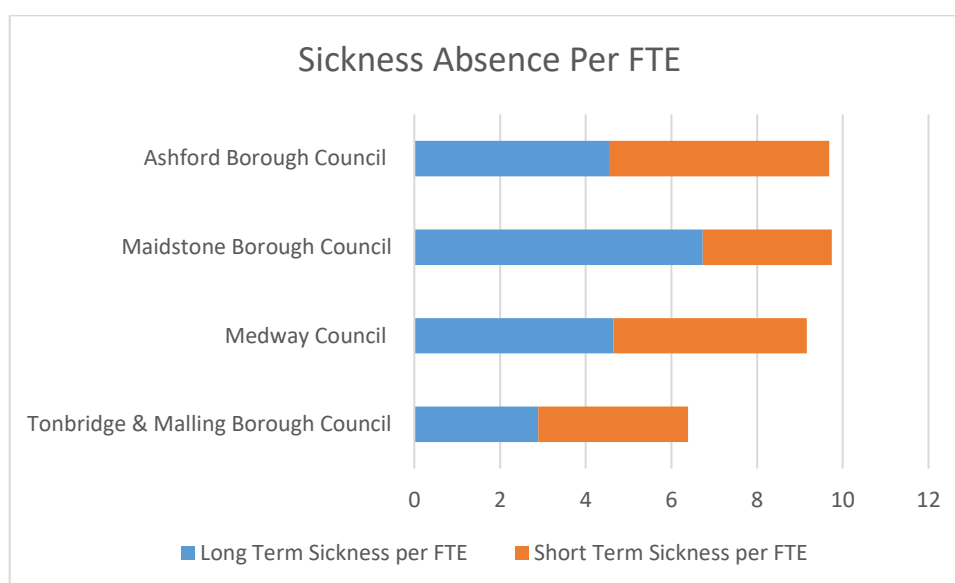
11. The Office for National Statistics (ONS) Sickness absence in the UK Labour Market report for 2022, released in April 2023, highlights **sickness absence rates in the public sector at an average rate of 3.6%**
12. The chart below is taken from the afore mentioned report and demonstrates how sickness absence rates have changed over the years.
13. **Our sickness absence rate is 3.67%, in line with the current ONS reported rate for the public sector.** Sickness absence rates are calculated by taking the total hours lost due to sickness (34,453.12 hours in this period divided by our total hours (937,218.88 available working hours as at 31.03.23) x 100.

Figure 7: The sickness absence rate has been consistently higher for public sector employees

Sickness absence rate, by public and private sector, UK, 1995 to 2022



14. The chart below shows how Ashford Borough Council compares with some of our neighboring authorities. Of the other local authorities that shared their figures we can see that sickness absence levels are similar to those of our counterparts in Kent.



## Reasons for Sickness Absence

15. The table below outlines the total days lost according to the reason for the sickness absence in 2022/23. The absence categories were altered in March 2022 to include covid related absence and more clearly reflect common absence reasons. This was reported to the O&S Committee last year. Unfortunately this change in reason categorisation means that a direct comparison with last year's data cannot be made. However, a table detailing the breakdown for 2021/22 is detailed at Appendix 1 for information.

## Total Days Lost Due to Sickness Absence

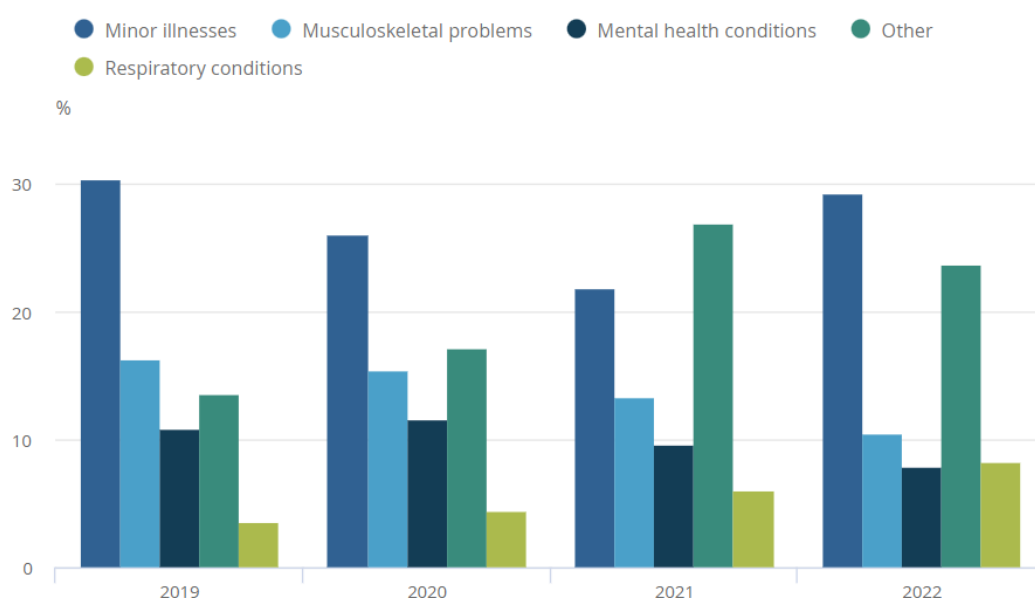
Reason	Days	%
Stress, depression, anxiety, mental health, fatigue	1,571.92	33.33%
Respiratory (including Covid, Influenza and Asthma)	1,354.89	28.73%
Musculo-skeletal problems (inc. arthritis, back and neck problems)	215.11	4.56%
Surgery, surgery recovery, hospital appointment/ procedure	212	4.50%
Stomach, digestion	198.18	4.20%
Fracture, injury, accident outside of work	194.04	4.11%
Eye, vision	175	3.71%
Heart, blood pressure conditions, circulation	141.54	3.00%
Neurological (e.g. epilepsy, fibromyalgia)	103	2.18%
Ear, nose, throat, tonsillitis, glandular, sinusitis	96	2.04%
Phased return	89	1.89%
Vomiting, diarrhoea, food poisoning	85.71	1.82%
Headache, migraine, vertigo	74.27	1.57%

Benign and malignant tumours, cancers	47	1.00%
Allergic reaction, skin condition	42	0.89%
Infections	41	0.87%
Genital, urinary, kidney	29.5	0.63%
Industrial Injury/Accident at work	18	0.38%
Menopausal, menstrual	11.5	0.24%
Mouth, dental	9.52	0.20%
Pregnancy related	7	0.15%
Liver	0.5	0.01%

16. The two most common overall causes of sickness absence in 2022/23 were Mental Ill Health (Stress, depression, anxiety, mental health, fatigue including bereavement) at 33.33% and Respiratory Conditions (including Covid, Influenza and Asthma) at 28.73 %.
17. This is comparable with the most common absence reasons reported by ONS, highlighting respiratory conditions and mental ill health within the most common reasons for sickness absence. Although our musculo skeletal related categories make up only 4.56% of overall absence which is at variance to the ONS data for all sectors.

**Figure 3: “Respiratory conditions” has overtaken “mental health conditions” to become the fourth most common reason for sickness absence in 2022**

**Percentage of occurrences of sickness absence, by top five reasons in 2022, UK, 2019 to 2022**



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

<b>2022/23 Absence Reason 19 days or less ( short term absence)</b>	<b>Days lost</b>	<b>% of short term sickness</b>
Respiratory (including Covid, Influenza and Asthma)	1,256.89	50.14%
Stress, depression, anxiety, mental health, fatigue	350.42	13.89%
Stomach, digestion	140.18	5.56%
Musculo-skeletal problems (inc. arthritis, back and neck problems)	126.11	5.01%
Ear, nose, throat, tonsillitis, glandular, sinusitis	96	3.83%
Phased return	89	3.53%
Vomiting, diarrhoea, food poisoning	85.71	3.39%
Surgery, surgery recovery, hospital appointment/procedure	76	3.01%
Headache, migraine, vertigo	74.27	2.96%
Infections	41	1.63%
Heart, blood pressure conditions, circulation	39.54	1.57%
Genital, urinary, kidney	29.5	1.17%
Eye, vision	29	1.16%
Industrial Injury/Accident at work	18	0.72%
Allergic reaction, skin condition	17	0.68%
Menopausal, menstrual	11.5	0.46%
Mouth, dental	9.52	0.38%
Fracture, injury, accident outside of work	9.04	0.36%
Pregnancy related	7	0.28%
Liver	0.5	0.02%

<b>2022/23 Absence Reason 20 days or more ( long term absence)</b>	<b>Days Lost</b>	<b>% of long term sickness</b>
Stress, depression, anxiety, mental health, fatigue	1,221.5	55.27%
Fracture, injury, accident outside of work	185	8.37%
Eye, vision	146	6.61%
Surgery, surgery recovery, hospital appointment/procedure	136	6.15%
Neurological (e.g. epilepsy, fibromyalgia)	103	4.66%
Heart, blood pressure conditions, circulation	102	4.62%
Respiratory (including Covid, Influenza and Asthma)	98	4.43%
Musculo-skeletal problems (inc. arthritis, back and neck problems)	89	4.03%
Stomach, digestion	58	2.62%
Benign and malignant tumours, cancers	47	2.13%

19. The current position in relation to the 45 employees who were on long term sickness absence in 2022/23 is as follows:-
- 18 employees have left
  - 22 employees have returned to work
  - 5 are currently unable to work due to their long term condition. HR are working closely with them and their managers in line with the sickness absence policy.

20. Long term sickness lengths within this period have ranged from 20 days to 150 days; the average (mean) length is 49 days.

## Mental Ill health

21. Absence related to mental ill health shows a variance with the previous year. Absence due to mental ill health has increased in terms of days lost but decreased as a % of overall sickness absence.

	Days Lost	% of overall sickness absence
2021/22	1290.48	40%
2022/23	1571.92	33%

22. The table below compares the number of actual days lost due to mental ill health related absence this year to last year, in both short and long term categories.

	Long Term	Short Term	Total
2021/22	938	352	1290
2022/23	1,221.5	350.42	1,571.92
Diff	283.50	-1.58	281.92

23. Mental ill health related absence remains a serious matter and one which the HR team are focused on.

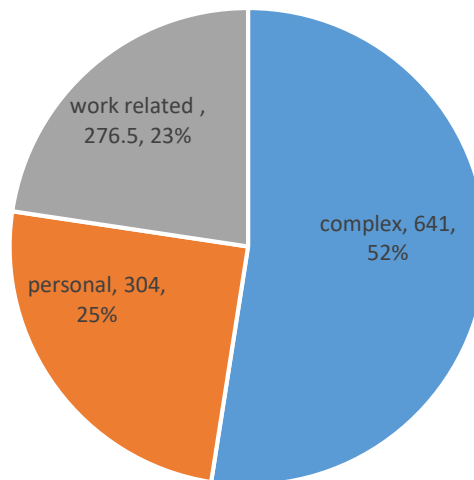
- Mental ill health affected 63 employees in 2022/23, approximately 12% of the workforce.
- 27 instances of long term mental ill health related absence, affecting 25 employees made up 25% of total sickness absence.
- Of these 25 employees; 11 have left, 11 have now returned to work and 3 remain on long term sick leave being supported by their manager and the HR team.

24. The following chart highlights the factors presented by the employees in relation to their long term sickness absence for reasons of mental ill health. This chart is intended to highlight potential triggers for such absence and is not intended to be clinically accurate; causes of mental ill health are clearly more complicated than can be represented in this report.

25. However, we can see that 25% of long term mental health related absence was reportedly triggered by factors unrelated to the working environment such as bereavement. 52% of long term mental health related absence was reportedly due to a combination of reasons (personal, work related and clinical). In 23% of absences in this category, employees cited solely work related matters as a trigger for their absence, e.g. consultation regarding redundancy etc.

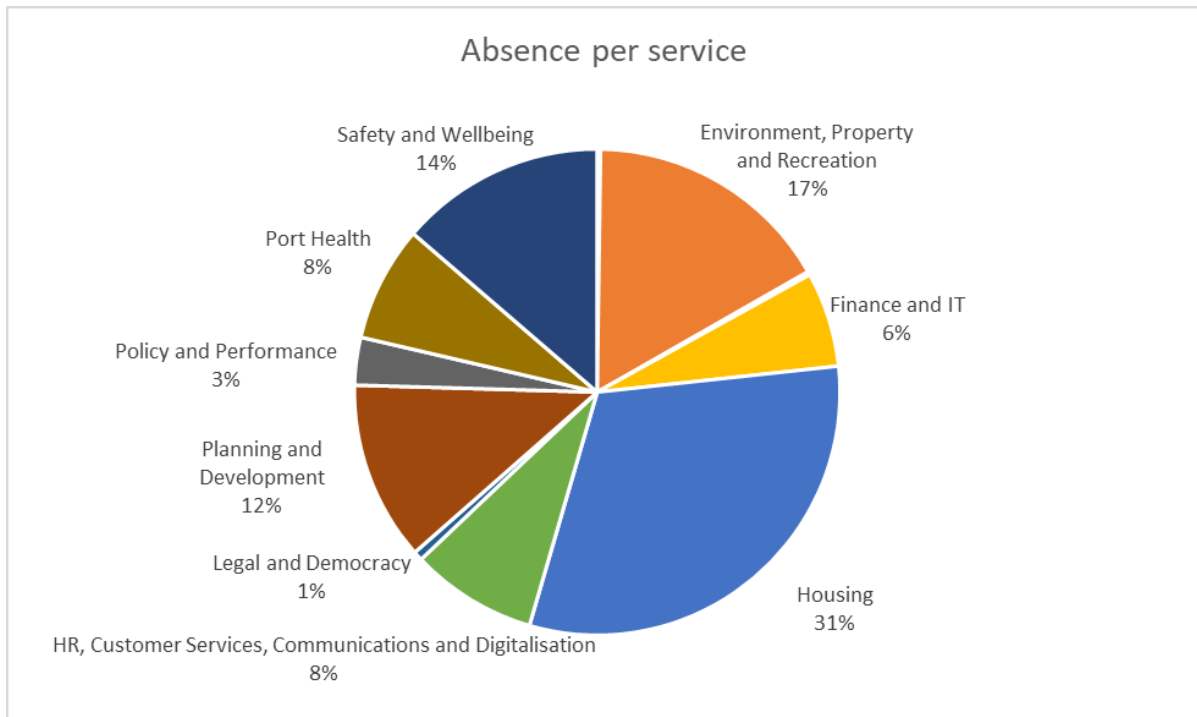


### Presenting triggers for mental ill health



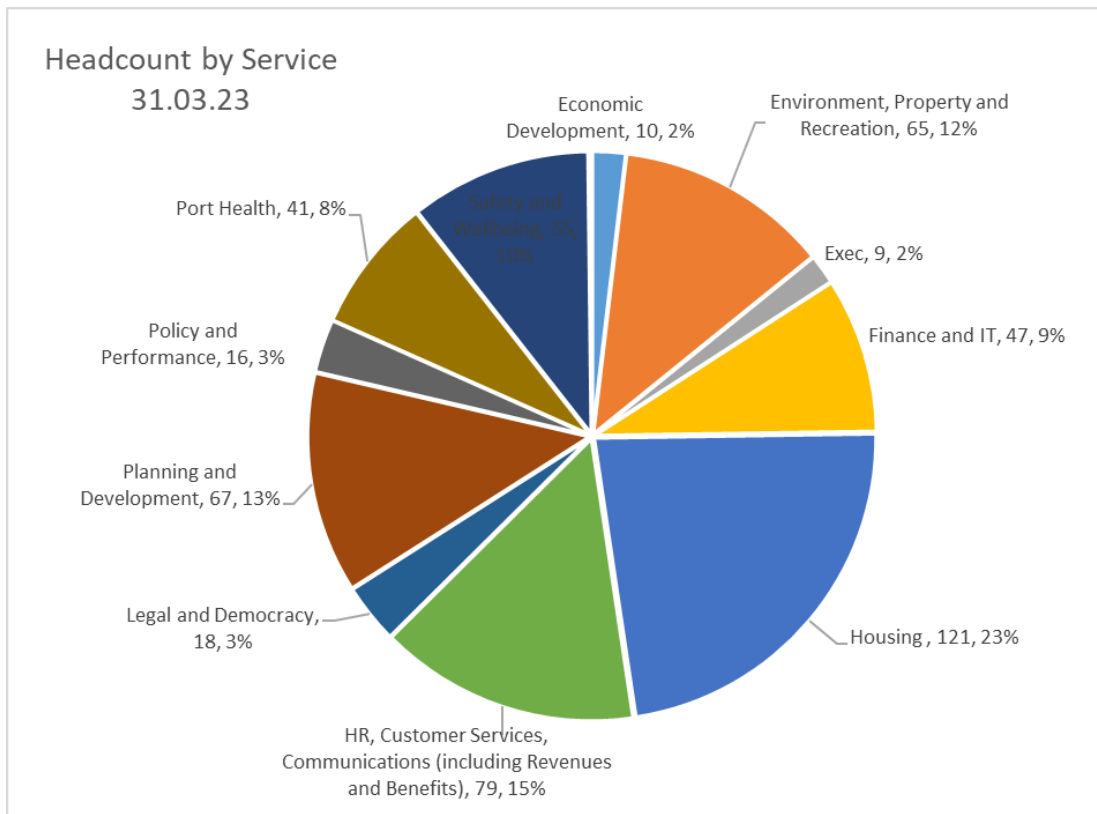
26. Our wellbeing offering continues to be very strong for employees and we have continued to focus on mental wellbeing together with physical, financial and cyber wellbeing. Our wellbeing communications are frequent as we continue to signpost employees to credible and accurate information. Our employee assistance programme is well publicised and well used, it is also open to partners and adult children who live at the same address or are in full time education.
27. We have a wellbeing element in our one to one process which focuses 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.
28. The HR team continue to 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 active care referrals (early intervention in cases of mental ill health) referral to counselling, occupational health advice and making reasonable adjustments with the aim of supporting the individual in having regular attendance at work.
29. We negotiated 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. Currently 71 employees are Benenden members, 142 in total with family/friends. This means that staff can access diagnostics and treatment more quickly.
30. Essential learning for managers is our annual Managing Mental Ill Health Training course and this year managers can also access our Managing Sickness Absence course which is part of our Management Development Programme.
31. We are planning to introduce peer support groups within the organisation over the coming year representing key wellbeing groups such as Mental Ill Health, Menopause, Men's Health, Pregnancy and Working Parents. Through these groups

our employees will be able to benefit from peer support in addition to the support available from managers and HR.



### Service Comparison

32. The following charts show how headcount is distributed across the services, and how sickness is distributed within those services.



33. The chart above shows the percentage of overall sickness by service. Housing has the highest sickness level with 31%; followed by Environment, Property and Recreation at 17%. Broadly speaking the distribution of absence is in line with the distribution of headcount.

### **Conclusions**

34. The total amount of working days lost due to sickness in 2022/23 stands at 9.68 days per FTE.

35. Absence levels have broadly returned to pre-covid norms and are in line with national levels for the public sector.

36. Absence at Ashford is comparable with that of our neighbouring local authorities.

37. Our largest causes of sickness absences are Mental Ill Health and Respiratory.

38. Long term sickness absence has reduced and this has been supported by manager and HR interventions.

Joy Cross  
HR Manager  
01233 330 400  
joy.cross@ashford.gov.uk

27 June 2023

## APPENDIX 1

<b>Absence Reason</b>	<b>2021/22 Total days lost</b>	<b>% of overall absence</b>
Allergic reaction, skin condition	6	0.19%
Back and neck problems (inc. Sciatica)	131	4.06%
Benign and malignant tumours, cancers	68	2.11%
Chest, respiratory	105.5	3.27%
Cold, Influenza, Fever, Pneumonia	n/a	n/a
Eye, ear, nose, throat, tonsillitis, glandular, mouth/dental problems, sinusitis	347	10.76%
Fracture, injury, accident outside of work	11	0.34%
Genito-urinary; menstrual problems	41.5	1.29%
Headache, Migraine, Vertigo	84.47	2.62%
Heart, blood pressure conditions, circulation	74	2.29%
Industrial Injury/Accident at work	2.5	0.08%
Infections	32.5	1.01%
Other	212.54	6.59%
Other musculo-skeletal problems (inc. arthritis)	295.35	9.16%
Phased return	132.5	4.11%
Pregnancy related	25.5	0.79%
Stomach, liver, kidney, digestion	155.36	4.82%
Stress, depression, anxiety, mental health, fatigue	1290.48	40%
Surgery, surgery recovery, hospital appointment/procedure	103.5	3.21%
Virus (inc. e.g. vomiting, diarrhoea, food poisoning)	106.54	3.30%