



Report to Business & Transformation Scrutiny Panel

Meeting Date: 26th August 2021
Portfolio: Finance, Governance and Resources
Key Decision: No
Within Policy and Budget Framework: Yes
Public / Private: Public

Title: SICKNESS ABSENCE REPORT QUARTER 1 2021/22
Report of: The Deputy Chief Executive
Report Number: CS 30-21

Purpose / Summary:

This report sets out the authority's sickness absence levels for the period April 2021 to June 2021 and outlines other sickness absence information.

Recommendations:

- 1) Scrutinise and comment on the information on sickness absence provided in the report.

Tracking

Executive:	Not applicable
Scrutiny: BTSP	26 th August 2021
Council:	Not applicable

1. BACKGROUND

1.1 Business and Transformation Scrutiny Panel met on 13th February 2020 and during a discussion on the Sickness Absence Report, it was resolved that a Task and Finish Group would be established to assist the HR Manager in reviewing the Attendance Management Policy which would enable Managers to more effectively manage absence.

1.2 A new Improving Attendance Policy has been drafted as part of the work of this group. The draft Improving Attendance Policy, developed as part of the Member led Task and Finish group, has been through a consultation process with staff and managers. The policy is intended to support managers and employees with improving attendance at work. The policy is going to Employment Panel for final consideration on 14th September 2021.

1.3 Current sickness statistics are shown below, with the number of days lost per FTE equating to 2.6 in the first quarter of 2021/22 (2020/21 Q1 was 2.1).

2. 2021/22 SICKNESS ABSENCE

2.1 The tables below show the 2.6 days lost per FTE split between long and short-term sickness (long term sickness is defined as any absence more than 4 consecutive working weeks):

2021/22	Days Lost	Days Lost per FTE
Long-term	876 (76%)	2.0 (76%)
Short-term	274 (24%)	0.6 (24%)
Total	1,150	2.6

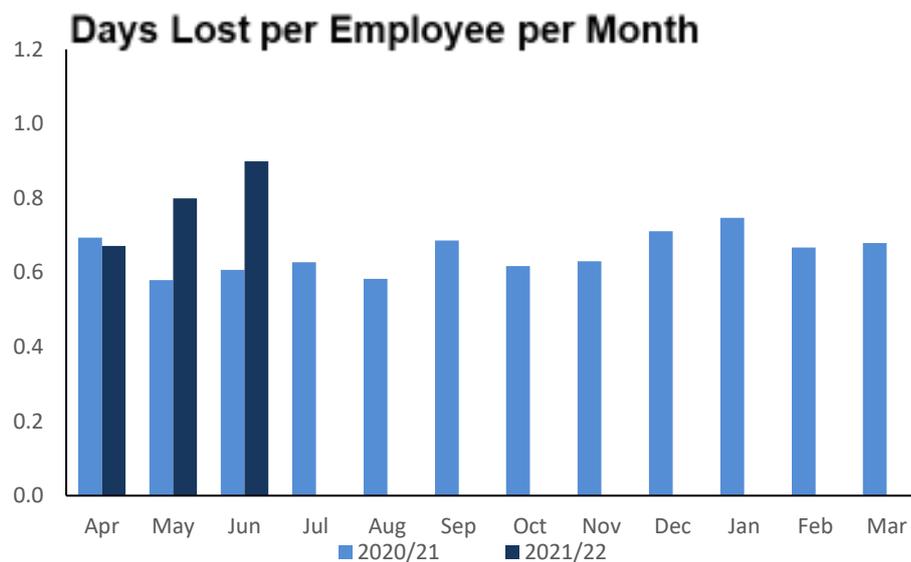
2.2 The tables below provide absence levels split by directorates for Quarter 1 2021/22 and the first quarters of previous years.

All Directorates (469 head count/411 Full-Time Equivalents (FTE) as at 30/06/21)				
Indicator	2018/19	2019/20	2020/21	2021/22
Working days lost due to sickness absence per FTE	2.2	2.0	2.1	2.6
Number of working days lost due to sickness absence	926	786	922	1,150
Proportion of sickness absence that is long term (four working weeks or more)	62%	61%	80%	76%
Community Services (193 head count/182 FTE)				
Indicator	2018/19	2019/20	2020/21	2021/22
Working days lost due to sickness absence per FTE	2.6	1.8	2.2	3.7
Number of working days lost due to sickness absence	439	298	376	649
Proportion of sickness absence that is long term (four working weeks or more)	58%	52%	80%	75%
Economic Development (38 head count/36 FTE)				
Indicator	2018/19	2019/20	2020/21	2021/22
Working days lost due to sickness absence per FTE	0.6	1.6	0	0.3
Number of working days lost due to sickness absence	21	58	0	10
Proportion of sickness absence that is long term (four working weeks or more)	0%	47%	0%	0%
Governance and Regulatory Services (132 head count/109 FTE)				
Indicator	2018/19	2019/20	2020/21	2021/22
Working days lost due to sickness absence per FTE	2.4	1.9	2.3	2.7
Number of working days lost due to sickness absence	273	197	308	370
Proportion of sickness absence that is long term (four working weeks or more)	81%	84%	89%	93%
Corporate Support* (32 head count/26 FTE)				
Indicator	2018/19	2019/20	2020/21	2021/22
Working days lost due to sickness absence per FTE			2.7	0.5
Number of working days lost due to sickness absence			183	15
Proportion of sickness absence that is long term (four working weeks or more)			71%	0%
Finance and Resources* (74 head count/59 FTE)				
Indicator	2018/19	2019/20	2020/21	2021/22
Working days lost due to sickness absence per FTE			1.7	1.7
Number of working days lost due to sickness absence			55	106
Proportion of sickness absence that is long term (four working weeks or more)			73%	49%

*Corporate Support and Finance and Resources directorates restructures took effect from October 2018 with further significant changes in April 2020 therefore reporting on new directorates recommenced from 2020/21.

2.3 So far in 2021/22, there has been a 24% increase in overall days lost per employee when compared to the same period in the previous year. 24 employees have been absent long-term (those cases where the absence is 4 working weeks or more) throughout the quarter - two less than the same quarter of the previous year. 17 long-term cases remained open as of 12th July 2021 and 9 of the instances were due to 'Stress, depression, mental health, fatigue syndromes'.

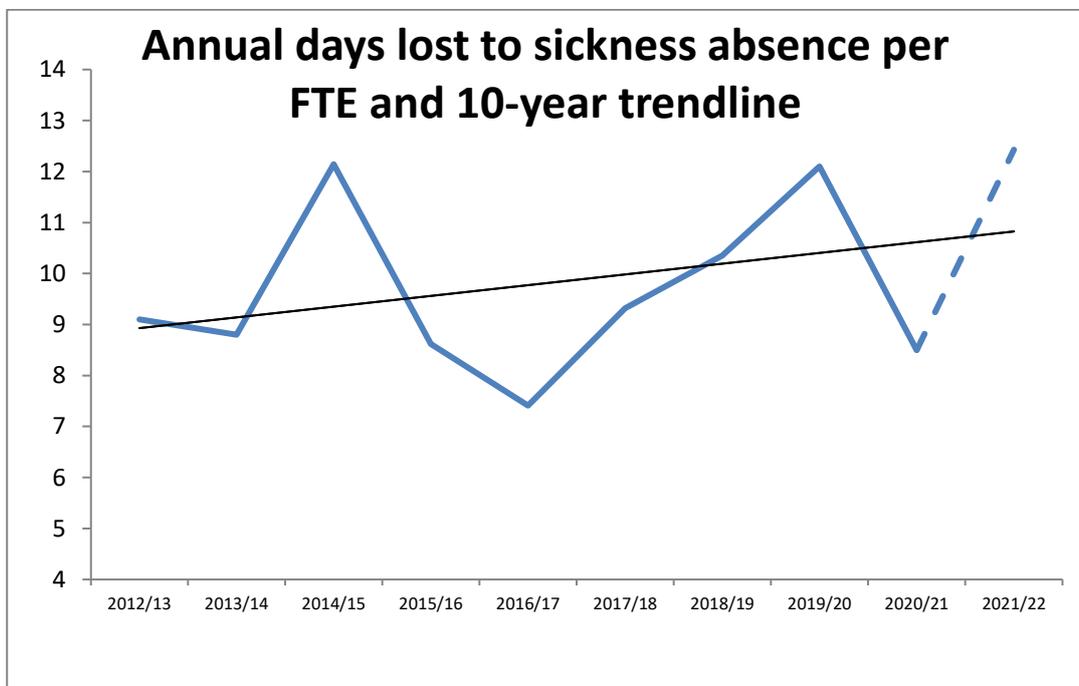
2.4 The following graph compares the months of 2021/22 with those of the previous year. The recent increase can be seen in May and June. This increase follows eleven consecutive months of reductions in days lost compared to the same months of the previous year. Much of this reduction was attributed to a decline in short-term sickness cases but this is no longer the case in 2021/22.



3. TRENDS

3.1 As stated above, Authority-wide, compared to Quarter 1 2020/21, 2021/22 levels of sickness have risen by 24%. The long-term trend can be seen in the graph below. The medium to long term direct and indirect impacts of the Covid-19 pandemic on the Authority's sickness absence level continue to be difficult to predict e.g. impacts of 'long' Covid and future 'waves'. However, absences will continue to be proactively managed and the absence data monitored for any emerging issues.

3.2 The black line is the long-term trendline and the dotted line for 2021/22 is a year-end prediction based on Quarter 1 typically accounting for 21% of the year's absence



4. SICKNESS ABSENCE REASONS

4.1 The reasons for sickness absence in 2020/21 are shown in the table below. The table shows the FTE days lost due to each reason for the sickness absence and is split by directorate. 'Stress, depression, mental health, fatigue syndromes' currently represents the absence reason with the greatest days lost (430 days). 82% of these lost days were from 9 long term absentees. 6 of these cases were still open at the time of writing.

FTE Days lost by reason and directorate	Comm. Services	Corporate Support	Economic Dev't	Financial Services	Gov & Reg Services	Total
Back and neck problems	36	4			4	44 (4%)
Other musculo-skeletal problems	52			6	52	110 (10%)
Stress, depression, mental health, fatigue syndromes	377	2		14	37	430 (37%)
Infections (incl. colds and flu)	7		2	2	5	16 (1%)
Neurological (incl. headaches and migraine)	10		1	37		47 (4%)
Genito-urinary / gynaecological				8	58	66 (6%)
Pregnancy related (not maternity leave)					48	48 (4%)-
Stomach, liver, kidney & digestion (incl. gastroenteritis)	28	1	2	14	59	104 (9%)
Heart, blood pressure & circulation	49					49 (4%)
Chest & respiratory (incl. chest infections)	72			22	3	97 (8%)
Ear, eye, nose & mouth / dental (incl. sinusitis)	14	1	5	4		24 (2%)
Other	5	7			104	116 (10%)

4.2 Impact of Covid-19

The direct impact of the pandemic on absenteeism has been monitored since the first national restrictions were announced early last year. The majority of staff have been able to work from home or have been redeployed into other roles. For clarity, in the few cases when staff have been unable to work for non-sickness related reasons, these days have not been included in the totals.

4.3 The table below shows how the reasons for sickness have changed since pre-pandemic in 2018/19 through to the first quarter of 2021/22. The percentages represent the proportion of all sickness absence days.

Absence Category	2018/19 (Pre Covid)	2019/20 (Covid Lockdown from mid- March)	2020/21 Covid	Commentary	Q1 2021/22 Covid
Musculo-skeletal problems combined with back and neck problems.	17%	22%	25%	Steady increase in problems - up 8% in 2 years.	14%
Stress, depression, mental health, fatigue syndromes	30%	29%	44%	Significant increase during Covid. Increase by around 14%.	37%
Infections (incl. colds and flu)	11%	8.7%	2.6%	Significant decrease during lockdown. Decrease by 6 - 8.5%.	1.5%
Neurological (incl. headaches & migraines)	1.7%	1.3%	2.6%	Slight increase.	3.9%
Genito-urinary / gynaecological	1.2%	1.5%	2.0%	Slight increase.	6.0%
Pregnancy related (not maternity leave)	-	-	0.8%	New category	4.5%
Stomach, liver, kidney & digestion (incl. gastroenteritis)	17%	14%	6.6%	Significant decrease during lockdown. Decrease by 7 – 10%	9%
Heart, blood pressure & circulation	3.0%	6.1%	4.3%	Similar	4.6%
Chest & respiratory (incl. chest infections)	7.7%	5.1%	5.9%	Similar	8.0%
Ear, eye, nose & mouth / dental (incl. sinusitis)	2.7%	2.3%	0.5%	Decrease by around 2%	2.2%
Other	9.3%	11%	6.1%	Decrease of between 3 – 4.5%	10%

4.4 In line with national trends, we have seen a significant decrease in absence due to non Covid cold & flu infections (decrease between 6 – 8.5%) and this trend has continued into Quarter 1 of 2021/22.

4.5 During the lockdown period there was also a significant drop in absence related to Stomach, liver, kidney & digestion (incl. gastroenteritis) and Ear, eye, nose & mouth related absence. However, both of these absence categories have shown a significant upward trend in Quarter 1. It is interesting that stomach & digestion absence has increased because this can also be an indicator of increased stress, depression or fatigue which is being seen nationally and has been attributed to the third lockdown. Neurological (inc. headaches & migraines) category has increased during lockdown by 1% and this is also showing an upward trend during Quarter 1 of 2021/22 with a further 1% increase. This reason can be an indicator of stress too. Actual absences due to the category of stress, depression, mental health, fatigue syndromes has seen a significant increase from around 29% in 2019/20 to 42% in 2020/21 which is a concern. This trend has continued in Quarter 1 of 2021/22.

4.6 Absences due to musculo-skeletal problems combined with back and neck problems has also seen a significant increase from around 17% to 28% in 2020/21. However, the Quarter 1 2021/22 figures show a drop back to pre-Covid levels. It is difficult to know whether this will be a sustained reduction and the picture should become clearer in Quarter 2. However, it is important that staff workstations are a key consideration when looking at these absence reasons and when reviewing applications for continued homeworking / hybrid working. As an employer we will still be liable for DSE related health issues and although an employee may have worked from home successfully over the lockdown period this does not necessarily mean that their workspace is suitable for longer term home / hybrid working.

4.7 Around three-quarters of sickness in Quarter 1 is classified as long term sickness. There continues to be a focus on long term sickness absence. Every long term absence has been reviewed and an action plan put in place. Case reviews are also being arranged with line managers for absence longer than 8 weeks (where that has not already taken place). There appears to be significant increases in absence related to stress in some teams. These will be investigated further and closely monitored.

5. RETURN TO WORK INTERVIEWS (RTW)

5.1 Carrying out a return to work interview continues to be one of the most effective ways to manage attendance and reduce absence.

5.2 Up to the end of June 2021, 95% of return to work interviews have been conducted (2020/21: 97%). The number of working days between the employees returning to work and interviews being conducted and the proportion completed within five working days has also been included in the table below:

Directorate	Proportion of RTWs conducted	Average time taken to complete RTW (working days)	Proportion of RTWs completed within 5 working days
Community Services	94%	3.8	85%
Corporate Support	100%	5.3	50%
Economic Development	100%	7.5	75%
Finance & Resources	100%	6.6	64%
Governance & Regulatory Services	91%	4.2	80%
All Directorates	95%	4.6	78%

6. PROPOSALS

None

7. RISKS

None

8. CONSULTATION

The report was reviewed by the Senior Management Team in July 2021.

9. CONCLUSION AND REASONS FOR RECOMMENDATIONS

The Panel are asked to scrutinise and comment on the sickness absence information with a view to driving continuous improvement.

10. CONTRIBUTION TO THE CARLISLE PLAN PRIORITIES

Monitoring sickness absence to help ensure the staff resources available to deliver the Carlisle Plan are maximised.

Contact Officers: Gary Oliver, Bibian McRoy

**Appendices
attached to report:**

Note: in compliance with section 100d of the Local Government Act 1972 the report has been prepared in part from the following papers:

- **None**

CORPORATE IMPLICATIONS:

LEGAL - This report raises no explicit legal issues.

FINANCE – This report raises no explicit financial issues

EQUALITY – This report highlights the positive interventions taken around mental health in the workplace. This work demonstrates our commitment to the Public Sector Equality Duty and is consistent with the Equality Policy and Action Plan.

INFORMATION GOVERNANCE – This report raises no explicit issues relating to Information Governance.

PROPERTY SERVICES - This report raises no explicit issues relating to Property Services