

Report to Business & Transformation Scrutiny Panel

7th December 2021

Meeting Date:

Portfolio:

Finance, Governance and Resources

Key Decision: No

Within Policy and

Budget Framework

Yes

Public / Private Public

Title: SICKNESS ABSENCE REPORT QUARTER 2 2021/22

Report of: The Deputy Chief Executive

Report Number: CS 45-21

Purpose / Summary:

This report sets out the authority's sickness absence levels for the period 1st April 2021 to 30th September 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	7 th December 2021		
Council:	Not applicable		

1. BACKGROUND

- 1.1 Business and Transformation Scrutiny Panel met on 13th February 2021 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 manage absence more effectively.
- 1.2 A new Improving Attendance Policy was 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, managers and Trade Unions. Issues raised within the consultation were considered and included in the final document. The policy is intended to support managers and employees with improving attendance at work. The policy was formally adopted by Employment Panel on 14th September 2021 and took effect from 22nd September 2021.
- 1.3 Current sickness statistics are shown below, with the number of days lost per FTE equating to 5.9 in the first half of 2021/22 (first half of 2020/21 was 4.1).

2. 2021/22 SICKNESS ABSENCE

2.1 The tables below show the 5.9 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	2,001 (78%)	4.6 (78%)	
Short-term	564 (22%)	1.3 (22%)	
Total	2,565	5.9	

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

Indicator	2018/19	2019/20	2020/21	2021/22
Working days lost due to sickness absence per FTE	5.2	4.6	4.1	5.9
Number of working days lost due to sickness absence	2,208	1,877	1,853	2,565
Proportion of sickness absence that is long term (four working weeks or more)	68%	65%	76%	78%
Community Services (189 head count/178 FTE)				
Indicator	2018/19	2019/20	2020/21	2021/22
Working days lost due to sickness absence per FTE	6.7	4.1	4.7	8.8
Number of working days lost due to sickness absence	1,154	665	810	1,550
Proportion of sickness absence that is long term (four working weeks or more)	70%	59%	68%	79%
Economic Development (39 head count/37 FTE)				
Indicator	2018/19	2019/20	2020/21	2021/22
Working days lost due to sickness absence per FTE	1.1	3.4	0	0.8
Number of working days lost due to sickness absence	39	122	0	27
Proportion of sickness absence that is long term (four working weeks or more)	0%	60%	0%	0%
Governance and Regulatory Services (136 head count/112 FTE)			
Indicator	2018/19	2019/20	2020/21	2021/2
Working days lost due to sickness absence per FTE	5.9	4.7	4.5	5.4
Number of working days lost due to sickness absence		484	595	725
Proportion of sickness absence that is long term (four working weeks or more)	86%	76%	92%	87%
Corporate Support* (31 head count/25 FTE)				
Indicator	2018/19	2019/20	2020/21	2021/2
Working days lost due to sickness absence per FTE			5.4	1.2
Number of working days lost due to sickness absence			373	34
Proportion of sickness absence that is long term (four working weeks or more)			75%	0%
Finance and Resources* (76 head count/61 FTE)				
Indicator	2018/19	2019/20	2020/21	2021/2
			1	1
Working days lost due to sickness absence per FTE			2.2	3.5

76

55%

228

71%

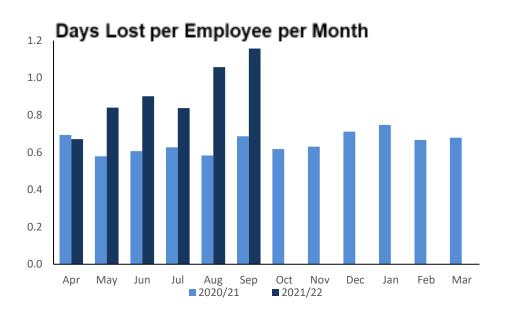
Number of working days lost due to sickness absence

Proportion of sickness absence that is long term (four working weeks or more)

^{*}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.

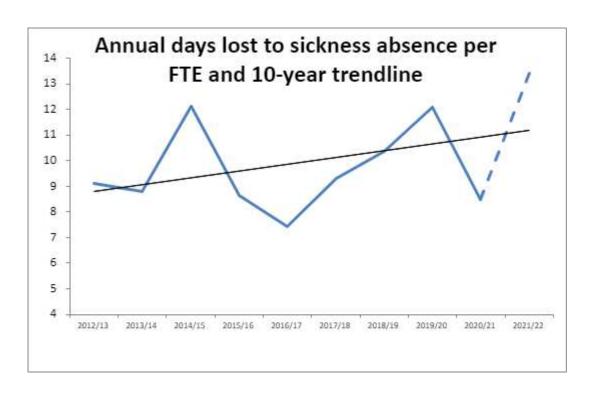
2.3 So far in 2021/22, there has been a 44% increase in overall days lost per employee when compared to the same period in the previous year. 41 employees have been absent long-term (those cases where the absence is 4 working weeks or more) throughout the year - five more than the same period of the previous year. 19 long-term cases remained open as of 15th October 2021. There are nine different reasons for the absences included in those 19 cases.

2.4 The following graph compares the months of 2021/22 with those of the previous year. There has been monthly year-on-year increases in all months since April. 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 during the height of Covid-19 pandemic but this is no longer the case in 2021/22.



3. TRENDS

- 3.1 As stated above, Authority-wide, compared to the first half of 2020/21, 2021/22 levels of sickness have risen by 44%. 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 the first half of the year typically accounting for 44% of the year's absence



4. SICKNESS ABSENCE REASONS

4.1 The reasons for sickness absence in 2021/22 are shown in the table below. The table shows the FTE days lost due to each reason for the sickness absence. 'Stress, depression, mental health, fatigue syndromes' currently represents the absence reason with the greatest days lost (959 days). 90% of these lost days were from 17 long term absentees. Only five of these cases were still open at the time of writing.

FTE Days lost by reason and directorate	Total	
Back and neck problems	134 (5%)	
Other musculo-skeletal problems	199 (8%)	
Stress, depression, mental health, fatigue syndromes	959 (37%)	
Infections (incl. colds and flu)	126 (5%)	
Neurological (incl. headaches and migraine)	105 (4%)	
Genito-urinary / gynaecological	138 (5%)	
Pregnancy related (not maternity leave)	50 (2%)-	
Stomach, liver, kidney & digestion (incl. gastroenteritis)	291 (11%)	
Heart, blood pressure & circulation	147 (6%)	
Chest & respiratory (incl. chest infections)	171 (7%)	
Ear, eye, nose & mouth / dental (incl. sinusitis)	30 (1%)	
Other	218 (8%)	

- 4.2 The absence trends for Quarter 2 have remained broadly consistent with the trends seen in Quarter 1, as set out in the previous report, with the exception of an increase in absence related to infections (cold, flu and so on) from 1% to 5%. This was anticipated with the lifting of Covid-19 restrictions and more interaction between people thereby increasing transmission rates of infections. Covid-19 related infections are not included in the absence figures.
- 4.3 Two key areas highlighted in the last report were absences related to musculo-skeletal problems and absences related to stress, depression and mental health. In terms of absences due to musculo-skeletal problems combined with back and neck problems it was highlighted in the previous report that there had been a significant increase from around 17% to 28% in 2020/21 with Quarter 1 2021/22 figures showing a drop back to pre-Covid levels (circa 14%). This reduction has been maintained through Quarter 2.

- 4.4 In terms of absence related to stress, depression and mental health the percentage of absence related to this category remained relatively static. This type of absence however, still accounts for over a third of all our days lost. According to the HSE (2020):
 - "...in 2019/20 work-related stress, depression or anxiety accounted for 51% of all work-related ill health and 55% of all days lost due to work-related ill-health. Over recent years the rate of self-reported work-related stress, anxiety or depression has increased with the latest year 2019/20 significantly higher than the previous year. Evidence suggest this is not related to COVID-19 however, there is no clear trend in the rate of working days lost per worker for work-related stress, anxiety or depression."

The report further states that:

- "...absence related to stress, depression or anxiety is more prevalent in public service industries, such as education; health and social care; and public administration and defence. By occupation, professional occupations that are common across public service industries (such as healthcare workers; teaching professionals and public service professionals) show higher levels of stress as compared to all jobs."
- 4.5 The statistics around absence due to stress, depression and anxiety are of national concern and we continue to monitor the national guidance on what interventions may best support affected colleagues. The Council has robust interventions in place to support positive mental health including a comprehensive wellbeing programme and quick and easy access to counselling services through the Council's employee assistance provider. Health and wellbeing of colleagues is also a key consideration for the local government reorganisation programme.
- 4.6 Around three-quarters of sickness in the first half of the year is classified as long-term sickness. There continues to be a focus on this type of sickness absence by the HR Team and senior management. All absences over four weeks are closely monitored and reviewed by the HR Team on a weekly basis. Since the last report, every long-term

absence has had a case review with absence being managed in line with the Council's policy for long-term absence.

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 September 2021, 94% 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:

	Proportion of RTWs	Average time taken to complete RTW	Proportion of RTWs completed within 5
Directorate	conducted	(working days)	working days
Community Services	95%	4.9	73%
Corporate Support	87%	7.3	40%
Economic Development	78%	6.4	56%
Finance & Resources	95%	6.8	59%
Governance & Regulatory Services	100%	10.6	72%
All Directorates	94%	6.4	68%

6. PROPOSALS

None

7. RISKS

None

8. CONSULTATION

The report was reviewed by the Senior Management Team in November 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.

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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 raises no explicit equality issues

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

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