

## **EXECUTIVE MANAGEMENT TEAM - 26<sup>TH</sup> APRIL 2022**

## **HR COMMITTEE – 9<sup>TH</sup> JUNE 2022**

# **ANNUAL SICKNESS AND COVID ABSENCE REPORT**

## **1. RECOMMENDATIONS**

- 1.1 HR Committee note the contents of the report and support the proposed future management of Covid sickness absence's and sickness absence action plan.

## **2. INTRODUCTION**

- 2.1 This report provides an update on the Councils approach to managing sickness absence and provides new data for the 2021/22 financial year and trend data where applicable. Sickness and absence relating to COVID are also detailed in this report.

## **3. BACKGROUND**

- 3.1 Sickness absence continues to be a key performance indicator for the Council.
- 3.2 Since April 2021 the Government implemented its 4-step roadmap which steadily released pandemic restrictions on employee personal lives. This will have inevitably resulted in increased social interactions for employees, and the subsequent increased transmission of common infections across the public.
- 3.3 In July 2021, the Council launched its WorkSmart Hybrid working policy. This promotes flexible working for office-based staff and allows an employee to work partly from home or an alternative location, where their role allows. Staff who can work remotely does reduce the spread of common infections and the Council promotes a common sense approach to the management of this amongst teams. Additionally, this model supports employees to remain working when they may not have been able to if required to be wholly office based (for example those unable to drive after an operation).
- 3.4 The introduction of this policy has inevitably resulted in an increase in employee interaction at the offices, which the Council is supportive of in comparison to the previous year. However, this will mean a subsequent return to the spread of common infections as an unintended yet unavoidable consequence. This is evident in 4.10.
- 3.5 Managers have continued to promote good hygiene, hand washing, social distancing and use the use of PPE (within applicable guidance) across the workforce.
- 3.6 In July 2021, 385 Leisure Centre employees were transferred to Freedom Leisure under TUPE arrangements. This means that they no longer contribute to our workforce data. This has resulted in the Council's FTE reducing from 788 as of 31<sup>st</sup> March 2021 to 676 on 31<sup>st</sup> March 2022, a reduction of 12%.
- 3.7 Whilst some sickness would inevitably have resulted from Leisure employees and has therefore not contributed to the statistics for this year, the Councils full operational workforce remains (Waste and Transport, Grounds and Streetscene and Housing Maintenance). Proportionally, the operational workforce account for most of the sickness across the Council, as can be seen in 4.9 which indicates a total of 68% of the Councils sickness statistics has resulted from Operational teams. This means that a higher proportion of sickness per FTE will now result in future sickness statistic reporting, as can be seen from this years' figure (4.4).

#### 4. SICKNESS ABSENCE DATA

##### Typical Sickness Absence Data including positive COVID test absence

4.1 Sickness figures include confirmed positive tests for Covid. In the past financial year positive Covid cases resulted in 842 days sick between 155 employees.

4.2 The table below compares Covid sickness cases in the past two financial years:

Year	Number of Days	Number of Employees
2020/2021	250	38
2021/2022	842	155

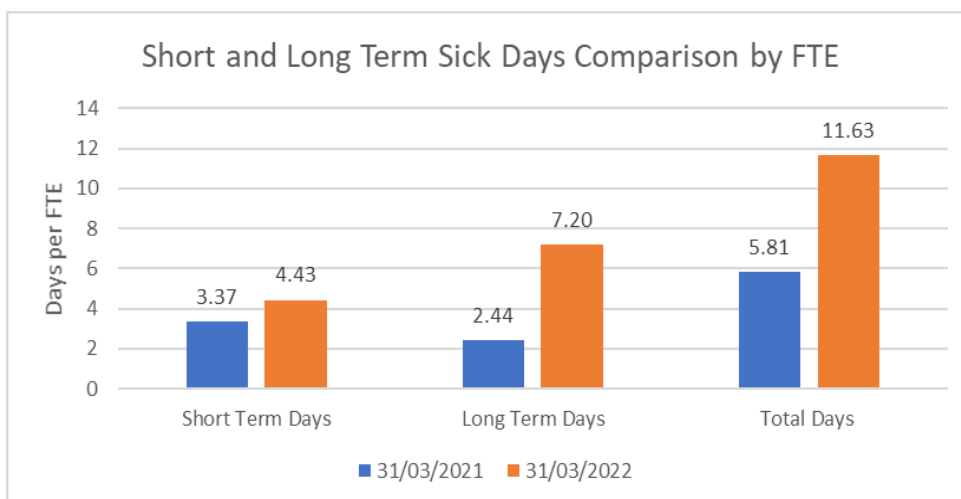
4.3 The governments improved testing programme has resulted in significantly more COVID cases being identified and confirmed through tests. This accounts for the increased number of confirmed cases. However, as pandemic restrictions eased so did the requirement for certain groups to self-isolate even when they did not have a positive case themselves. The table in 4.19 tracks the percentage decrease in the number of days lost to employees required to self-isolate.

4.4 The table below compares full time equivalent (FTE) working days lost due to sickness for the years March 20, 21 and 22, as well as the percentage of working time lost:

	Year to 31/3/2020	Year to 31/03/2021	Year to 31/03/2022
<b>Total days lost due to Sickness</b>	6,567	4,579	7,865
<b>Average days per FTE</b>	8.66	5.81	11.63
<b>% of working time lost</b>	3.33%	2.23%	4.46%

4.5 The total sickness absence figure has increased by 5.82 days per FTE and 2.23% more working days lost compared to last year. This is an increase of 50%. This is likely partly attributable to the reasons detailed in 3.2 – 3.7 and 4.3.

4.6 Short and long term sickness absence per FTE are shown in the following graph:



- 4.7 Long term absence (sickness of 20 days or more) has significantly increased, proportionally by 66%. Commonly in long term sickness cases, it can take a protracted length of time to receive correct diagnosis and action, with potential for extended recuperation. This has continued to be the case in the past year, with COVID resulting in increased waiting lists, putting back diagnosis and appropriate action even further. Whilst some employees who can work from home may have been able to work comfortably and recover sooner than they may have if wholly based in the office in the past year, this figure also includes our operational employees who are not able to do so. At 31<sup>st</sup> March 2022 there were 13 employees off long term sick accounting for a total of 1,070 days open long term sickness (as opposed to 9 people and over 800 days last year). All the open cases are being managed appropriately with the manager and HR.
- 4.8 There have been 3 Sickness Case reviews dismissals in the past 12 months and 2 ill health retirements. This compares to 1 case review dismissal and 1 ill health retirement the previous year.
- 4.9 The table at Appendix 1 details total sickness days and their percentage of this total per Service Area.
- 4.10 The table below identifies the average sickness days per FTE and percentage of working time lost of that service area. This is for the five Service Area's identified in appendix 1 that have the highest number of sickness days.

	FTE	Short Term Days per FTE	Long Term Days per FTE	Total Days per FTE	% Service Area Working Time Lost
<b>Revenues &amp; Benefits and Accountancy</b>	66.23	3.85	7.62	11.44	4.36%
<b>Grounds and Streetscene</b>	80.66	4.09	5.34	9.43	3.62%
<b>Waste and Transport</b>	117.02	6.71	11.88	18.62	7.13%
<b>Housing Maintenance</b>	69.41	6.26	12.98	19.24	7.38%
<b>Compliance and Asset Management</b>	42.61	6.5	18.72	25.22	9.67%

- 4.11 The top reasons overall for sickness absence across the Council can be broken down as detailed below:

Reason for sickness	Year to 31/03/2020 (days lost)	Year to 31/03/2021 (days lost)	Year to 31/03/2022 (days lost)	Year to 31/03/2022 (percentage)
Musculo skeletal	1,238	995	1,917	24%
Stress/depression	1,057	988	1,802	23%
Covid	NA	250	842	11%
Stomach and Kidney	493	602	513	7%
Chest and Respiratory	550	340	610	8%
Other	3,229	1,665	2,181	28%
<b>TOTAL</b>	<b>6,567</b>	<b>4,340</b>	<b>7,865</b>	

4.12 The table highlights that musculo skeletal remains the highest reason for sickness. Stress and Depression has increased by 814 days (45%). The exacerbated impact of the pandemic on the populations mental health has been well documented. This has inevitably resulted in increased pressure on an already stretched mental health service through the NHS. 26 employees over the past 12 months have suffered a long-term sickness absence because of poor mental health.

4.13 The nature of mental health treatment takes time and support from all, including the professional treatment of the NHS, personal friends and family and employer. Mental health has been and continues to be a key area of focus for the Council as we move forward. HR continue to support managers and employees in managing employee absences of this nature both sensitively and proactively, giving tailored support based on individual need. HR have tried to utilise all available resources to promote mental health assistance for all employees and support the Councils Employee Wellbeing policy. This is detailed further in section 7 of this report.

4.14 The below tables identify the number of absences and employees for the two highest sickness absence reasons.

Musculo Skeletal:

	Number of Absences (Employees)
<b>Short Term</b>	109 (81)
<b>Long Term</b>	25 (24)
	134 (105)

Stress and Depression:

	Number of Absences (Employees)
<b>Short Term</b>	28 (25)
<b>Long Term</b>	24 (23)
	52 (48)

- 4.15 Whilst return to work meetings are carried out for all periods of sickness absence, and more formal meetings are held with those that hit a trigger for short and long term sickness, it is easier to keep track of individual long term sickness matters. Short term trends are not generally identified outside of formal meetings. To assist with this, data is provided on overall short term sickness trends. The top five reasons for short term sickness remain the same as last year, with the addition of COVID as high short term sickness.
- 4.16 Within the figure detailed as 'other', there were 273 days sickness under the heading of 'work related', related to 17 different entries.
- 4.17 The average cost of sickness absence for 2021/22 is £839,728. This is based on the median average salary, not taking account of full/half/no pay, or any other costs such as agency cover.
- 4.18 Historically the annual CIPD Health and Wellbeing at Work Survey has detailed average days sickness per FTE for the public sector. The Council has used this information to benchmark performance. However, the pandemic has had a deep impact on the UK's labour market, resulting in unprecedented absences and differences between organisations on how this is reported and managed. This means the April 2021 and 2022 the annual CIPD Health and Wellbeing at Work Surveys do not provide this information on the basis it would not give a valid average sickness absence rate.
- 4.19 The 2022 CIPD Health and Wellbeing at Work Survey does provide key findings that are clear in our sickness absence data, these are:
- i. 67% of organisations include COVID among their top three causes of short-term absence
  - ii. Mental ill Health and Musculoskeletal injuries remain the most common causes of long-term absence
  - iii. Strategically managing wellbeing is a priority for employers

**Sickness Absence Data including 'Absent with Permission – COVID' absence**

- 4.20 In addition to the positive covid cases classed as sickness and detailed in 4.2, there have been 473 days lost because of covid, which are classed as 'self isolating and not working'. These are employees who do not have a positive test for the virus themselves but have needed to self isolate, for example if required before an operation or if they are unvaccinated and the virus is in their household.
- 4.21 The table below compares in the past two financial years the number of days lost for employees required to self isolate because of covid, not because they are sick themselves:

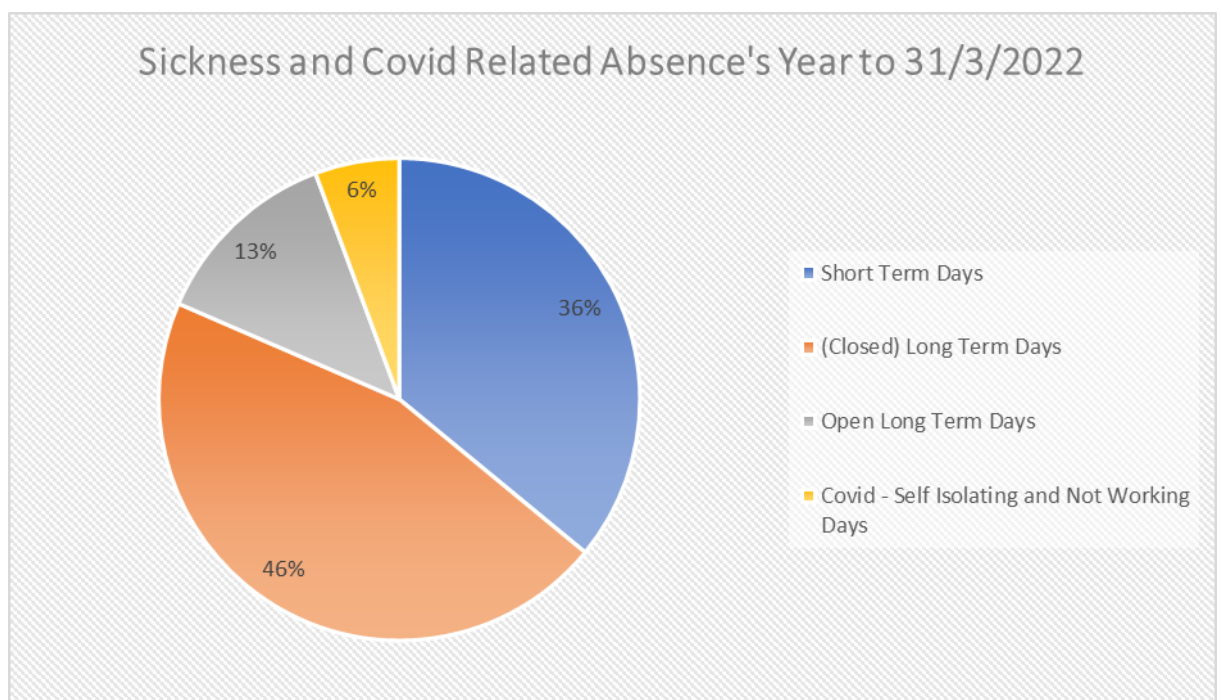
	<b>Year to 31/03/21</b>	<b>Year to 31/03/22</b>	<b>Percentage Change</b>
Number of Days	7,783	473	94% decrease
Number of Employees	283	62	78% decrease

- 4.22 These days were in frontline operational services such as Waste, Grounds and Streetscene and Housing Maintenance. These staff are unable to work from home and were required to isolate. The impact of these absences are significantly less than the previous year, which represents the changing nature of the pandemic and government restrictions in the past 12 months.
- 4.23 The Council continues to promote the benefits of vaccination to employees to support their own health and wellbeing whilst minimising impact on service delivery.

**Sickness Absence Data Brought Together**

- 4.24 The table and graph below shows the breakdown of sickness and covid related days over the year to 31 March 2022, in comparison to last year:

Absence Type	Year to 31/3/21		Year to 31/3/22	
	Number of Days	Percentage	Number of Days	Percentage
Open Long Term Days	800	7%	1,070	13%
Closed Long Term Days	1,122	9%	3,798	46%
Short Term days	2,657	21%	2,997	36%
Self Isolating and Not Working	7,783	63%	473	6%
<b>Total days</b>	<b>12,362</b>		<b>8,338</b>	



- 4.21 This data confirms a total reduction in 4,024 working days lost in the year up to 31 March 2022 in comparison to the year before. This is a reduction of 32.5%.

## **5. MANAGEMENT OF COVID ABSENCE**

- 5.1 The official Government position on covid changed from 1<sup>st</sup> April, but in the midst of increasing case numbers, and a continued message of stay at home if you test positive, we have continued to exclude covid sickness from our sickness trigger points and from reducing sick pay.
- 5.2 From 1<sup>st</sup> July it is proposed that we should treat covid as with any other sickness for sickness trigger and pay purposes. This will mean:
- any reasons for sickness (including covid) will count towards hitting trigger points for further action, and (covid included in sickness triggers and covid sickness under normal sick pay)
  - all sickness (including covid) within a rolling year will be included in sick pay calculations.

## **6. SICKNESS ABSENCE ACTION PLAN**

- 6.1 Management information is vital to effective and proactive sickness absence management. It is an objective of all Service Managers to ensure sickness is managed effectively within their teams. Online sickness absence reports and trend data are available for all managers through the Hub Management Information.
- 6.2 A robust Sickness Absence procedure is in place, which includes return to work meetings and short & long term triggers.
- 6.3 The HR Advisory Team advise and assist managers through the Sickness Absence procedure, including attendance at sickness meetings where appropriate. They provide proactive advice aiming to support successful return to work, whilst treating each case sensitively based on its individual circumstances. Phased returns and consideration of reasonable adjustments are discussed in consultation with employees to support successful return to work, particularly with protracted absences.
- 6.4 The Team have run the Absence Management 'Brief Bite' training sessions for supervisors and managers at least twice a year to ensure that those new to managing at the Council or those requiring a refresher are fully trained in the Council's formal process.
- 6.4 The Council is also continuing to take preventative steps in relation to sickness absence:
- 6.4.1 We offer the Employee Assistance Programme 'Workplace Wellness' through Right Management. It offers a free 24-hour telephone helpline, 365 days a year and covers issues as diverse as emotional/personal, legal, financial, marital/family, work/career and drugs/alcohol. If recommended, there may be a further opportunity to discuss problems face-to-face with a trained counsellor. This service is regularly promoted and fully funded by the Council.
- 6.4.2 The Council continues to work with Occupational Health advice to support employees based on their health needs in the workplace.
- 6.4.3 Flu jabs – As with previous years, Operational and other staff where appropriate were offered flu jabs.
- 6.4.4 The introduction of the Councils Worksmart hybrid working policy actively promotes working flexibly, aiming to improve employee wellbeing and support the right work life balance. The HR Advisory Team support managers and

employees to review all formal flexible working requests (changes to working hours and times) positively and proactively. The focus is on how the Council can accommodate changes to support employee wellbeing where business need allows.

## **7. MENTAL HEALTH & WELLBEING**

7.1 Mental Health and Employee wellbeing continues to be a high priority area for assisting employees. The HR Advisory Team continue to support the Councils corporate [Employee Wellbeing](#) policy. Over the past year we have continued to promote a wide range of support, including:

- Launching the Vita Health Online Wellbeing and Exercises classes, available to all employees through the Employee Assistance Programme.
- Promoting the iTalk guide on managing work stress
- Promoting World Mental Health day
- Supporting the Councils 24 Mental Health First Aiders with regular group meetings to improve skills and a consistent approach across the Council. Refresher training was also available to all trained employees. We continue to promote the benefits of speaking to a Mental Health First Aider across the workforce.
- HR running 'Managing our Mental Health' session earlier this year.
- Continuing to champion managers to support employees with Wellbeing Action Plans – this helps managers to develop an awareness of working style, stress triggers and responses. The aim is to always support employee wellbeing
- Promoting the 'Time to Talk' campaign which included taking the time to meet with a colleague who you wouldn't ordinarily.
- Promoting the Employee Support Line, especially through mental health first aider conversations.
- One employee bravely promoted the support they received through the employee support line, championing the service to all employees through a short you tube video.

Our mental health pages are continued to be updated with useful resources including:

- Wellbeing newsletters from Vita Health Group and the latest edition of Mindwork
- Shout text messaging mental health support service
- Support for the LGBTQ+ community during lockdown through Shout
- Tips for Leaders on managing mental health for themselves and their teams
- Personal resilience tips useful to us all

## **8. FINANCIAL IMPLICATIONS**

8.1 The financial implication of sickness absence on the Council is evident and has been documented in 4.15 of this report.

## **9. CRIME & DISORDER IMPLICATIONS**

9.1 None



## **10. ENVIRONMENTAL IMPLICATIONS**

10.1 None.

## **11. EQUALITY & DIVERSITY IMPLICATIONS**

- 11.1 The sickness absence management procedure applies to all employees. This is interpreted fairly and consistently across the workforce whilst accounting for individual circumstances, for example where an employee has a disability.
- 11.2 Sickness cases are managed with sensitivity and based on employee health needs, whilst ensuring a fair, corporate approach.

## **12. CONCLUSIONS**

- 12.1 There is a marked increase in sickness absence for 2021/2022, however significantly lower 'absence with permission' relating to Covid. This has resulted in lower absence overall by 4024 days (32.5% reduction) to the previous year.

## **13. EMT COMMENTS**

- 13.1 The HR Team will work with Service Managers and implement Service Actions Plans for those areas with more than 9% sickness absence. The aim of this is to provide specific support to those area's and their employees.
- 13.2 The direction of sickness absence detailed in this report is a driver for bringing forward the employee survey with the aim to understand employee views and how this could be impacting on absences.

## **14. EMPLOYEE SIDE COMMENTS:**

14.1

In the meeting you agreed to consider if any further data was available in relation to work-related absences, or if there was any way in which these could be recorded separately.

Our main area of concern was that of the proposal in item 5.2 to allow Covid-related sickness absence to count towards sickness absence trigger points from 1 July 2022. Both ourselves and UNITE have members whose jobs require them to be on site, rather than work from home. We are aware that for some home-based staff, contracting Covid may not prevent them from still performing their duties, but those staff who are required to be on site would be expected to stay away from work and have their absence recorded. In addition, there is also an issue of these staff being out more - either in the community or the office - in contact with either the public or other members of staff and as a result of their roles, finding themselves at greater risk of contracting the virus.

Furthermore, the government's approach of 'living with Covid' does not in itself mean that we go back to pre-pandemic arrangements. As part of the NJC machinery, we are aware that Covid-related absences have been discounted for sickness trigger purposes, and we are not aware that this approach has yet been rescinded.

Whilst we agree with the need to record all types of sickness absence, we therefore strongly oppose the suggestion that Covid related time off should be counted towards any trigger points.

**For further information contact:**

Sophie Thompson  
 HR Advisor  
 023 8028 5670  
[Sophie.thompson@nfdc.gov.uk](mailto:Sophie.thompson@nfdc.gov.uk)

Heleana Aylett  
 HR Service Manager  
[Heleana.aylett@nfdc.gov.uk](mailto:Heleana.aylett@nfdc.gov.uk)

**APPENDIX 1**

<b>Service Area</b>	<b>Number of Short Term Days and Percentage</b>	<b>Number of Long Term Days and Percentage</b>	<b>Total number of Days and Percentage</b>
<b>Financial and Corporate Services</b>			
Revenues & Benefits and Accountancy	253 3.21%	505 6.42%	758 9.64%
Human Resources	8 0.10%	0	8 0.10%
ICT	49 0.62%	0	49 0.62%
Estates and Valuation	51 0.65%	50 0.64%	101 1.28%
<b>Sub Total</b>	<b>361 4.58%</b>	<b>555 7.06%</b>	<b>916 11.64%</b>
<b>Planning Regeneration and Economy</b>			
Policy and Strategy	47 0.60%	44 0.56%	91 1.16%
Development Management	55 0.69%	31 0.39%	86 1.09%
Building Control, Enforcement and Economic Development	123 1.56%	132 1.67%	254 3.24%
Coastal	15 0.19%	78 0.99%	93 1.18%
<b>Sub Total</b>	<b>240 3.04%</b>	<b>285 3.61%</b>	<b>524 6.67%</b>
<b>Partnership and Operations</b>			
Grounds and Streetscene	330 4.20%	431 5.48%	761 9.68%
Communications & Customer Services	50 0.63%	32 0.41%	82 1.04%
Environmental and Regulation	90 1.14%	153 1.95%	243 3.09%
Waste and Transport	786 9.99%	1391 17.68%	2176 27.67%
<b>Sub Total</b>	<b>1,256 15.96%</b>	<b>2,007 25.52%</b>	<b>3,262 41.48%</b>

<b>Governance and Housing</b>			
Democratic Services	25 0.32%	0	25 0.32%
Elections and Business Improvement	11 0.13%	0	11 0.13%
Estates Management and Support	118 1.50%	58 0.74%	176 2.23%
Housing Maintenance	435 5.53%	901 11.46%	1336 16.98%
Compliance and Asset Management	277 3.52%	798 10.14%	1075 13.66%
Housing Options, Rents, Support and Private Sector Housing	242 3.08%	235 2.99%	477 6.07%
Housing Strategy and Development	20 0.25%	30 0.38%	50 0.63%
Legal	15 0.19%	0	15 0.19%
<b>Sub Total</b>	<b>1,143</b> <b>14.52</b>	<b>2,022</b> <b>25.71%</b>	<b>3,115</b> <b>40.21%</b>
<b>Total</b>	<b>2,997</b> <b>38.11%</b>	<b>4,868</b> <b>61.89%</b>	<b>7,865</b>