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EMPLOYMENT AND APPEALS COMMITTEE

Friday, 14th October, 2022

S U P P L E M E N T A R Y P A C K

1.	SICKNESS STATISTICS UPDATE
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To receive an update on sickness statistics.

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Employment and Appeals Committee – 14 October 2022

Sickness Absence Update

Introduction

This update report summarises the Council's current position in terms of sickness absences, as well as comparing to pre-Covid rates to provide some context.

All data has been extracted from the Powys Insight Centre Dashboards on 12 October 2022.

Current position

- The average days lost per full time equivalent (FTE) employee in September 2022 was 0.42 (or 0.40 excluding Covid) which is the lowest over the 12-month period.
- During September 2022, a total of 649 short-term (under 28 calendar days) and 196 long-term (28 calendar days or over) absences were recorded, with 665 employees affected.
- The main four reasons for absence which accounted for over 50% of all absences during September were:
 - *"Infections; including colds and flu"* (136 occurrences),
 - *"Stomach, liver, kidney & digestion; including gastroenteritis"* (122)
 - *"Stress, depression, anxiety, mental health & fatigue"* (93)
 - *"Covid-19"* (88)
- It is worth noting that of the 93 absences relating to *"Stress, depression, anxiety, mental health & fatigue"*, 68 had been specifically declared as *"non-work related"*.
- As of 30 September 2022, 296 employees were absent, 119 of whom had been absent for greater than 28 calendar days.
- 89 of the 177 active short-term absences on 30 September were within Education, with the largest other Services being Adult Services (27) and HTR (19).
- 52 of the 119 active long-term absences on 30 September were within Education, with the largest other Services again being Adult Services (27) and HTR (18).

Annual Sickness Absence Data

The table below evidences the average cumulative days lost per full time equivalent (FTE) employee for the past 5 years ending 30 September.

When excluding Covid-19 as an absence type, the average days lost per FTE has reduced year on year until the latest 12-month period ending 30 September 2022. However, over the 5 years it has reduced by nearly 1 day per FTE which is positive.

Period	Cumulative Days Lost per FTE (without Covid)	Change from previous 12 months	Cumulative Days Lost per FTE (including Covid)	Change from previous 12 months
01/10/17 – 30/09/18	9.98	-	9.98	-
01/10/18 – 30/09/19	8.97	-1.01	8.97	-1.01
01/10/19 – 30/09/20	8.77	-0.20	9.00	+0.03
01/10/20 – 30/09/21	7.59	-1.18	8.34	-0.66
01/10/21 – 30/09/22	9.03	+1.44	11.54	+3.20

When considering why the absence rates increased during past 12 months, several factors can be attributed as contributors, including:

- Covid restrictions being eased / removed (including mask coverings) resulting in staff being more susceptible to transmission of other viral / bacterial infections.
- Shielding formally ending with some staff then being signed off sick by their medical practitioner
- Governments CJRS Furlough Scheme ending with some staff being signed off sick by their medical practitioner

The breakdown by quarter below does evidence this further given the particularly high absence rates in Autumn/Winter 2021. There is gradual improvement leading to considerable improvement in the sickness absence rates by quarter:

Quarterly Periods	Cumulative Days Lost per FTE (without Covid)	Change from previous 12 months	Cumulative Days Lost per FTE (including Covid)	Change from previous 12 months
01/10/21 – 30/09/22	2.63	-	3.39	-
01/10/21 – 31/12/21	2.43	-0.20	3.39	-
01/01/22 – 31/03/22	2.20	-0.23	2.63	-0.76
01/04/22 – 30/06/22	1.77	-0.43	2.13	-0.50

A cumulative total based on the last quarter would forecast to 7.08 days lost per FTE (excluding Covid-19).

Additional Context

To provide some context, prior to the Covid pandemic the last detailed sickness absence data reported at Employment & Appeals Committee on 17 July 2019, 23 October 2019 and 31 January 2020 commented on the Councils performance when looking at other Local Authorities in Wales, with year ending data for 2018/19 placing Powys with the 3rd lowest sickness rate at 9.16 days lost per FTE. Powys also evidenced an annual reduction in the rates, whereas the all-Wales average had increased.

Whilst the comparative data hasn't been captured across Wales during the pandemic (we are trying to ascertain when that will resume), a BBC report published on 25 September 2022, Blaenau Gwent County Borough Council were reporting increases from 2020/21 to 2021/22 from 9.98 days lost per FTE to 14.2 days lost per FTE excluding Covid (or increase from 11.67 to 16.74 days including Covid), which is significantly higher than the small increase we have reported.

(Source: [Blaenau Gwent: Council staff sickness at 17 days per employee - BBC News](#))

Annual Sickness Absence Data by Reason

When looking at sickness rates, it is also important to understand the reasons for absences. The following table compares the number of recorded absences against each category, for the 12-month periods ending September 2019 and 2022. This is to understand the impact of Covid-19 on absence reasons in general.

Whilst the number of reported absences reasons has increased from 7146 to 9524, Covid-19 and Long Covid totals 2891, meaning an actual reduction in other absences from 7146 to 6633. In 2019 absence reported under the category *Stomach, liver, kidney & digestion; including gastroenteritis* were the highest reason for absence, however these have reduced by 454 (-28%) in 2022, with *Infections; includes colds & flu* now the highest reason for absence outside of Covid, but this has reduced by 24 occurrences.

It is important to note that with the Stress categories, in 2019 all types of stress recorded were categorised under *Stress, depression, anxiety, neurasthenia, mental health & fatigue*. Since then, this has been split to understand whether the Stress is work-related or not. As such, whilst the data totals 5 less stress absences recorded in 2022, we can now evidence that of the 591 instances, 400 are non-work related (68%).

The biggest increase in sickness absence type apart from Covid, is *Reactions / side effects* although this it is plausible to directly link this to reactions to Covid vaccinations.

It is also encouraging to note that the *Return to work form not received* absence type has significantly reduced from 212 to 15, meaning that the data is more accurate and that engagement and training with Services and Schools has had a positive effect.

Sickness Category	12-month period, ending September 2019	12-month period, ending September 2022	Difference
Covid-19	n/a	2844	+2844
Long Covid	n/a	47	+47
Stomach, liver, kidney & digestion; including gastroenteritis	1642	1188	-454
Infections; includes colds & flu	1500	1476	-24
Test/Treatment; including medical appointment	694	652	-42
Stress, depression, anxiety, neurasthenia, mental health & fatigue	594	185	-409
Stress, depression, anxiety, neurasthenia, mental health & fatigue (non-work related)	2	400	+398
Work Related Stress	n/a	6	+6
Neurological; including headaches & migraine	557	557	0
Chest & respiratory; including chest infections	477	469	-8
Other muscular-skeletal problems	382	356	-26
Eye, ear, nose & mouth/dental; including sinusitis	312	318	+6
Return to work form not received	212	15	-197
Back & neck problems	198	208	+10
Genito-urinary; including menstrual problems	115	139	+24
Accidents/incidents (non-work related)	144	123	-21
Pregnancy related	100	61	-39
Bereavement Sickness	n/a	84	+84
Heart, blood pressure & circulation	60	73	+13
Skin complaints / infections / disorders	62	53	-9
Reactions / side effects	44	140	+96
Cancer	34	36	+2
Diabetes	10	16	+6
Various other reasons	1	64	+63
Nutritional problems	6	14	+8
Total	7146	9524	+2378

Supporting the Workforce in Reducing Sickness Absence

- CareFirst - Employee Assistance Programme (launched late Summer 2019) which includes the confidential Counselling Service
- Occupational Health provider including Health Surveillance
- NWOW – DSE assessments and provision of equipment
- Wellbeing sessions
- Policy reviews
- Training
- HR Business Partners / HR Advisors working closely with services to monitor, review and support staff back to work

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