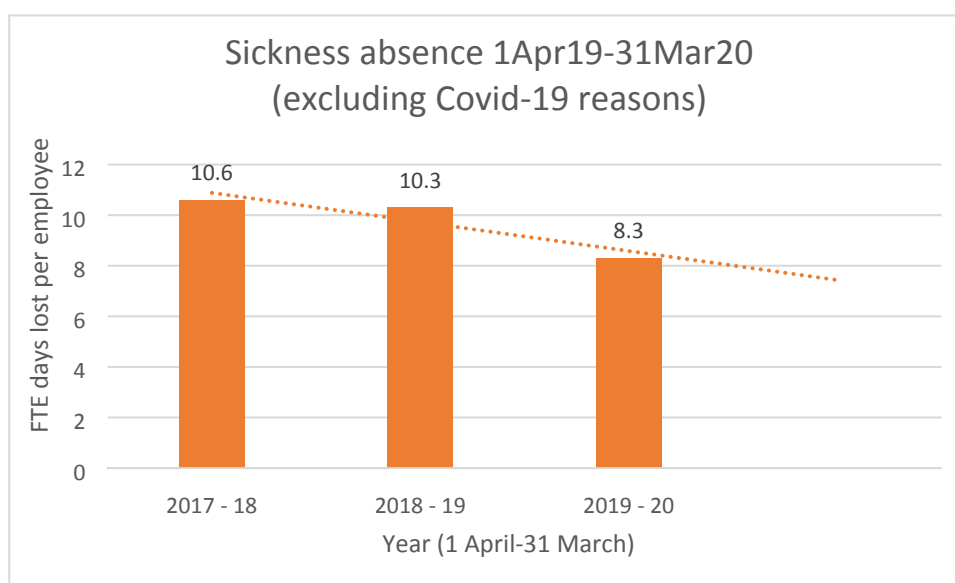


## Appendix 5

### Sickness Absence 1 April 2019- 31 March 2020

Due to the exceptional circumstances created by the pandemic, all Covid-19 related absence has been excluded from this Annex for the purpose of year-on year comparison. Covid-19 related absence is detailed separately in Appendix B.

In the year to 31 March 2020 there was a significant decrease in sickness absence as shown below:



The table below shows the total number of full-time equivalent (FTE) days lost by the Council due to sickness absence over the past 3 years:

Year	Total Number of FTE Days Lost	Long-Term Sickness	Short-Term Sickness
2017 - 18	2868	2062	806
2018 - 19	2853	2229	624
2019 - 20	2355	1582.5	772.5

The level of absence recorded by EEBC for 2019/20 is broadly in line with the CIPD's national average for public sector organisations as identified by the CIPD Health & Wellbeing at Work Report 2020, which is currently 8.0 days.

The table below provides a breakdown of 2019-20 sickness absence by Division:

<b>Division (FTE employees)</b>	<b>% of Total FTE Employees</b>	<b>% of Total Sickness Absence</b>
Chief Executive (7.5)	2.6%	0.7%
Digital & Service Transformation (52.2)	18.2%	17.5%
Financial Services (12.1)	4.2%	1.1%
Housing & Community (29.5)	10.3%	11.6%
HR&OD (9.6)	3.4%	1.6%
Legal & Democratic Services (11.7)	4.1%	7.0%
Operational Services (114.9)	40.1%	47.2%
Planning (15.8)	5.5%	3.5%
Policy, Performance & Governance (7.6)	2.7%	4.5%
Property & Regeneration (25.5)	8.9%	5.3%

Due to the impact of the pandemic, it has not been possible to benchmark our 2019-20 absence levels against those recorded by the other Surrey Authorities.

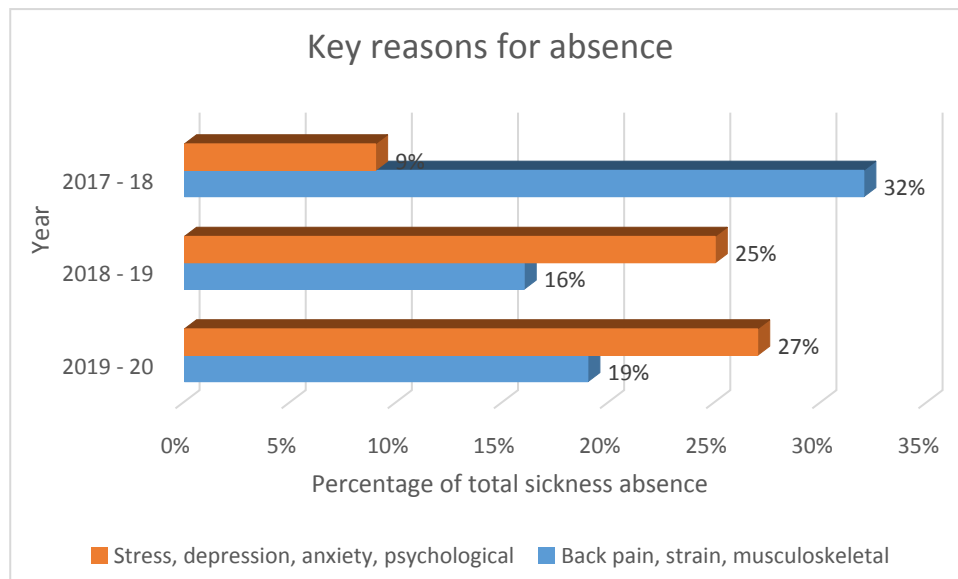
Between 1 April 2019 and 31 March 2020 the HR team continued to support managers to proactively manage sickness absence in line with the Council's Attendance Management Procedure.

The Attendance Management Procedure identifies three sickness triggers, where employees who reach a trigger point are invited to a formal meeting to discuss their situation and identify any support needed. The trigger points are as follows:

- 3 occasions within 6 months
- 5 occasions within 12 months
- 10 consecutive days

The HR team worked with employees, managers and Occupational Health (who provide advice relating to the management of employees' medical conditions in a work context) to significantly reduce the number of days lost to long-term absence (defined as absence lasting 10 days or more). 24 sickness cases were referred to Occupational Health during the year.

For the past three years, sickness absence has remained consistently high in two key areas, these being Stress/Depression/Anxiety/Psychological and Back Pain/Sprain/Strain/Musculoskeletal. The graph below shows the percentage of absence attributable to these categories as a percentage of overall sickness absence.



The level of absence relating to musculoskeletal issues is primarily attributable to the Council's manual workforce.

According to the CIPD Health and Wellbeing Report 2020, mental health related absence is the most common cause of long-term sickness absence in UK workplaces, with three fifths of public sector organisations experiencing an increase in reported common mental health conditions in the year to 31 March 2020. 92% of mental health related absences recorded by the Council in 2019-20 were classified as long-term.

During 2019-20 budgetary constraints continued to impact individual workloads as well as the Council's ability to provide wellbeing benefits and initiatives. However, the Council maintained a proactive approach to employee wellbeing and managing sickness absence effectively. In the 12 months preceding the pandemic, the HR team continued to work with managers and Leadership Team on initiatives including:

- Taking a holistic view to supporting the wellbeing of our staff through the design and delivery of the People Framework, aligning our policies and procedures to support the positive trends in managing sickness absence.
- Ongoing quarterly reporting of sickness absence to Leadership Team to ensure effective monitoring, early identification of issues and Leadership Team support for interventions.
- Focus on stress awareness, including the promotion of stress risk assessments as an early intervention and as part of the return to work process.
- Increased openness about mental health and promotion of mental health support, with 9 fully trained mental health first aiders across the Council.
- Facilitation of holistic therapy sessions (Reiki, Crystal Therapy, Indian Head Massage and Neck and Shoulder Massage) as well as Pilates sessions for staff.

- Working with our Employee Assistance Programme provider to promote the support available to staff.

The policy was revised and relaunched on 1 October 2020 as part of the Council's People Framework.

What's new?

- Clarity in scope of policy – links with Settling In, Disciplinary, Performance Management and Capability policies
- Links to My Performance Conversation and note taking during informal meetings where absence related matters are raised
- Consolidation of reasons for absence
- Tools to help managers – Sickness Absence Record Form, Action Log, Reasonable Adjustment Form, etc.
- Informal stage linked to My Performance Conversation
- Trigger points – change from 10 consecutive days to 4 consecutive weeks in line with gov.uk
- Definitions
- Stage 3 Capability Hearing and Appeals procedure aligned with Capability Procedure

What has changed?

- Currently more than 60 reasons for absence in Trent with considerable overlap
- In line with Institute of Medicine/HSE guidelines, these will be consolidated to 16 reasons
- More specific classifications linked to the part of the body affected by the ailment
- Removal of Miscellaneous/Other categories
- More meaningful reporting
- 10 day trigger changed to 4 weeks – aligned with ACAS/CIPD definitions of LTS