

Sickness Absence – Thematic Report



HR Committee

24th September 2020



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Current Sickness

**Data period: 1st September 2019 – 31st August 2020*

Average Working Days Lost = Total Working Days Lost / Headcount

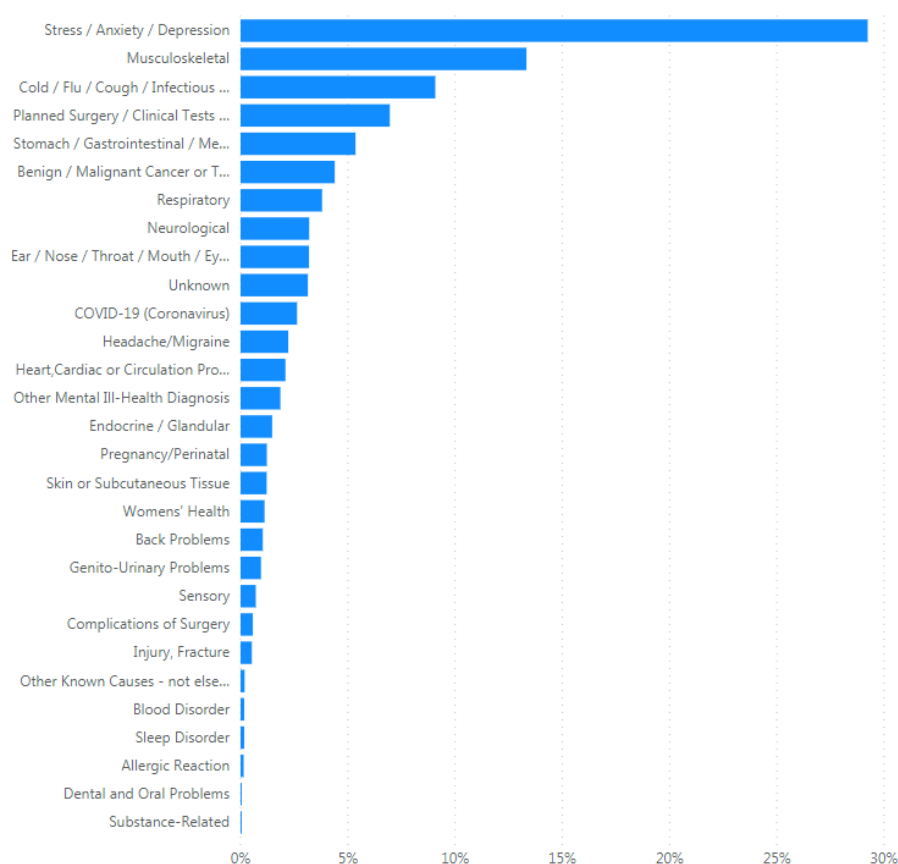
Bristol City Council

Average working days lost during the period 1st September 2019 – 31st August 2020 in the council was 8.4. This was 0.4 days higher than the council target of 8. During this period 3,368 employees had sickness absence this is 51.2% of the workforce that means 48.8% of the workforce have not taken any sickness absence in the last 12 months.

Workers who have had long term absence (absent for 20 days or more) have a higher sickness absence rate than those who report short term absence (less than 20 days). Only 8.9% (584 employees) have had long term sickness absence in the last 12 months.

Stress, Anxiety and Depression, Musculoskeletal and Cold/Flu/Cough /Infectious Disease accounts for over 50% of the total days lost in the council. 8.6% of the workforce (563 employees) has had sickness absence relating to Stress, Anxiety and Depression that accounts for 29.2% of all working days lost. 6.9% of the workforce (455 employees) has had Musculoskeletal sickness absence that accounts for 13.3% of all days lost. 19.5% (1280) of the workforce has had Cold/Flu/Cough/Infection Disease related absence that accounts for 9.1% of the total working days lost.

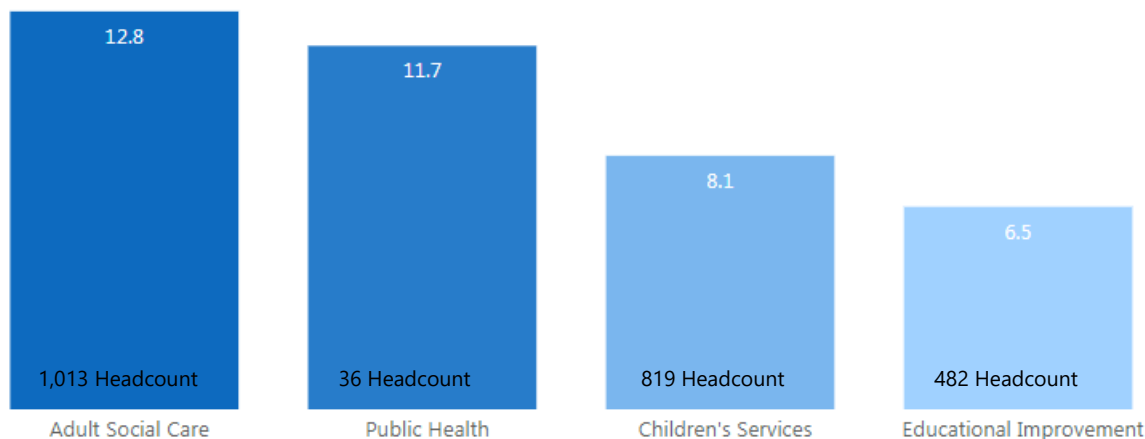
Fig1: Sickness Absence Reasons



People

Average working days lost in People Directorate was 9.8. This was 1.8 higher than the council target. Fig2 below shows the breakdown of average working days lost by each Division in People.

Fig2: Average working days lost by Divisions in People Directorate



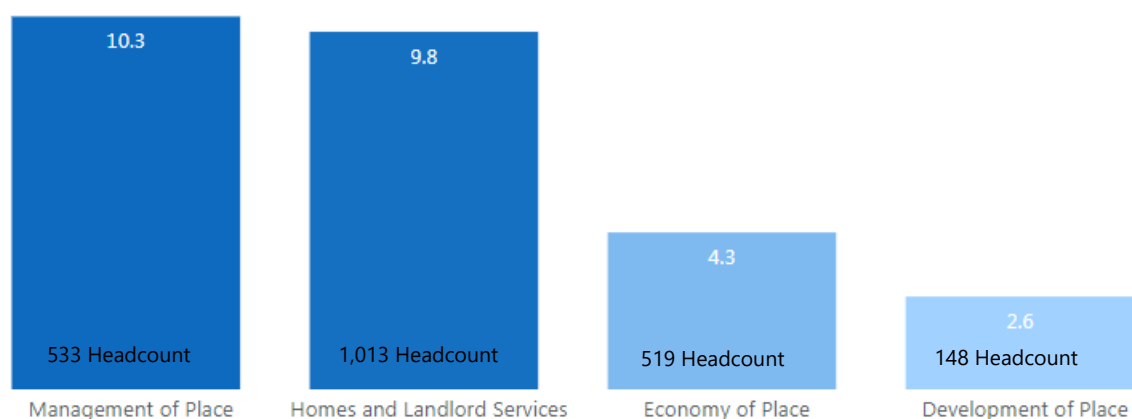
The top three absence reasons for People are:

- Stress, Anxiety and Depression – 29.2% (in-line with the council average)
- Musculoskeletal – 13.2% (in-line with the council average)
- Cold / Flu / Cough / Infectious Disease – 8.2% (slightly below the council average)

Growth and Regeneration

Average working days lost in the Growth and Regeneration Directorate was 8.1. This is just 0.1 above the council target. Fig3 below shows the breakdown of average working days lost by each Division in Growth and Regeneration.

Fig3: Average working days lost by Divisions in Growth and Regeneration Directorate



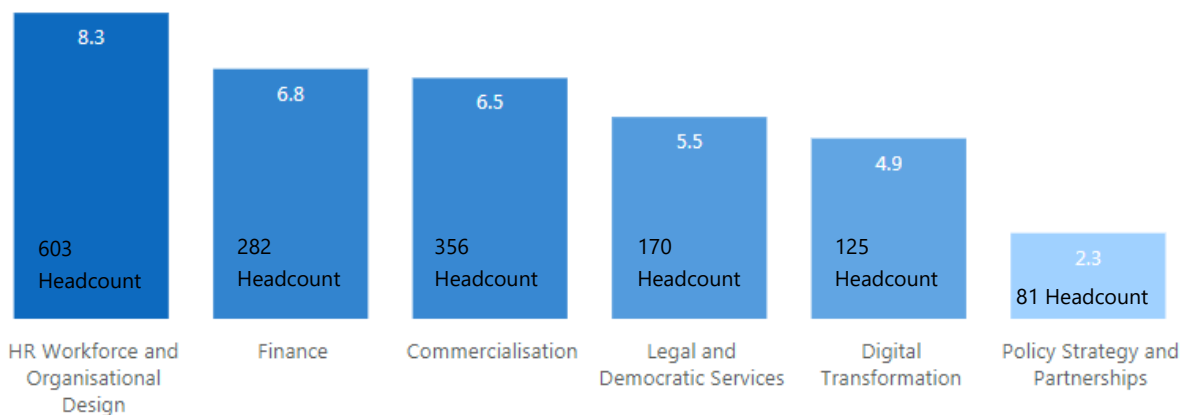
The top three absence reasons for Growth and Regeneration are:

- Stress, Anxiety and Depression – 32.4% (above the council average)
- Musculoskeletal – 13.1% (in-line with the council average)
- Cold / Flu / Cough / Infectious Disease – 9.3% (in-line with the council average)

Resources

Average working days lost in the Resources Directorate was 6.8. This is 1.2 below the council target. Fig4 below shows the breakdown of average working days lost by each Division in Resources.

Fig4: Average working days lost by Divisions in Resources Directorate



The top three absence reasons for Resources are:

- Stress, Anxiety and Depression – 24.4% (below the council average)
- Musculoskeletal – 13.9% (in-line with the council average)
- Cold / Flu / Cough / Infectious Disease – 10.5% (slightly above the council average)

Benchmarking with other local authorities

The method we use to calculate sickness absence is 'Average Working Days Lost per Employee' this in line with former audit commission definition for best value performance indicators.

$$\text{Average Working Days Lost} = \text{Total Working Days Lost} / \text{Headcount}$$

Different local authorities use different methodologies for calculating sickness absence. LGA in their Local Government Workforce Survey use the average number of working days lost due to sickness absence per FTE (full-time equivalent) employee. This is calculated by taking the total number of days absence over the reporting period and dividing it by the average number of FTE over the same period.

$$\text{Average Working Days Lost per FTE} = \text{Total Working Days Lost} / \text{FTE over the same period}$$

The most recent benchmarking figure from the LGA is from 2018/19. This figure is 'Sickness absence FTE days per employee in England', the benchmark figure is the Mean for all unitary authorities. This data is collected through the Local Government Workforce Survey.

Unitary Authority Average (2018/19) = 10.1 Average Working Days Lost per FTE

Core Cities Average (2018/19) = 10.25 Average Working Days Lost per FTE

Bristol City Council (Current) = 9.9 Average Working Days Lost per FTE

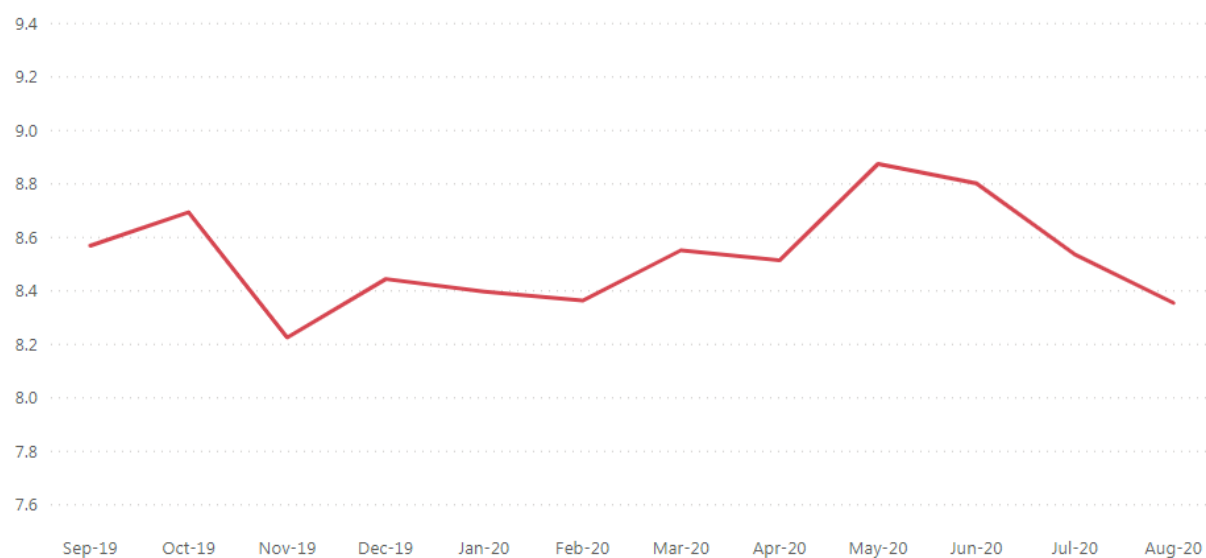
Sickness Trend (last 12 months)

**Each monthly figure is calculated from a rolling 12 month report*

Bristol City Council

Average working days lost is currently 0.2 less than it was 12 months ago. To give this some context the headcount in September 2019 was 6314 and working days lost were 54,106 whereas the current headcount is 6579 and current working days lost are 54,971.5.

Fig5: BCC average working days lost trend (last 12 months)



People

Average working days lost in the People Directorate have seen an increase of 0.3 from 12 months ago. Over the reporting period the headcount of People directorate has increased from 2138 in September 2019 to 2427 in September 2020. We have also seen a proportionate increase in the working days lost from 20,382 in September 2019 to 23,838.5 in September 2020.

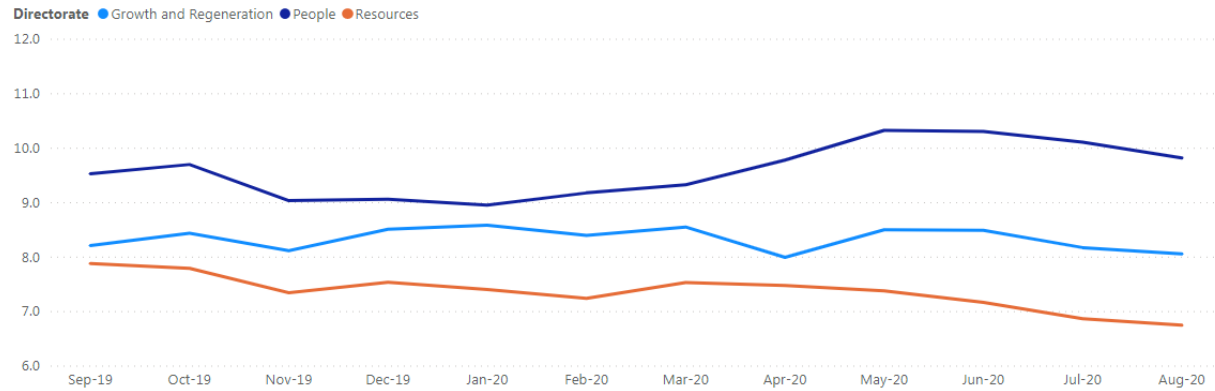
Growth and Regeneration

Average working days lost in the Growth and Regeneration Directorate has decreased by 0.2 from 12 months ago. Over the reporting period we have seen a headcount reduction from 2430 in September 2019 to 2373 in September 2020. We have also seen a reduction in the working days lost from 19,962 in September 2019 to 19,123.5 in September 2020.

Resources

Average working days lost in the Resources Directorate have decreased by 1.1 from 12 months ago. Over the reporting period the headcount in resources has not significantly changed, 1746 in September 2019 and 1779 in September 2020. We have however seen a reduction in the working days lost from 13,761.5 in September 2019 to 12,009.5 in September 2020.

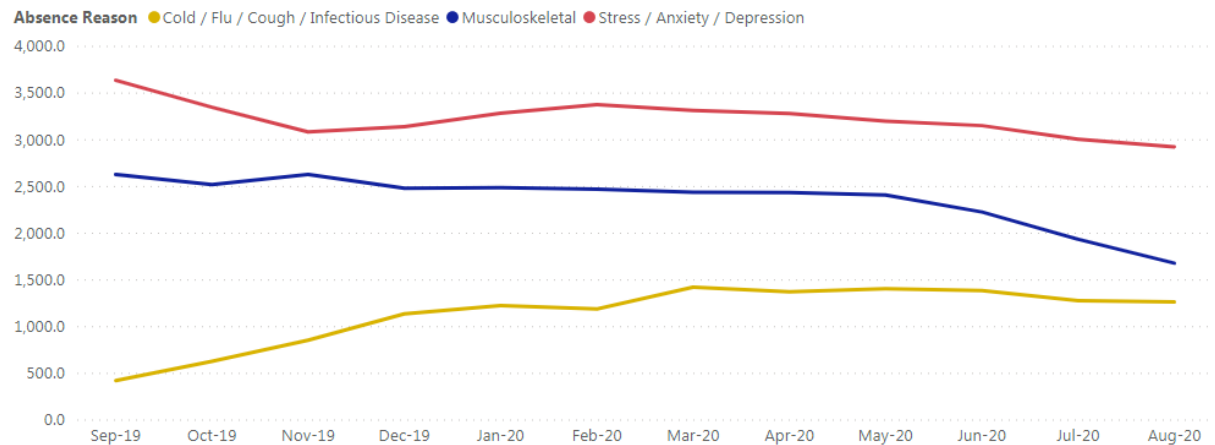
Fig6: Directorates average working days lost trend (last 12 months)



Absence Reasons


The trend of the top three absence reasons show that working days lost for Stress, Anxiety and Depression and Musculoskeletal have both decreased from 12 months ago. However Cold / Flue / Cough / Infectious Disease has seen a large increase.

Fig7: Working days lost by absence reason trend (last 12 months)



Sickness breakdown by Equalities Categories (including against workforce proportions)

The below tables look at current percentages of working days lost compared to the workforce. All of the percentages in these tables exclude employees and days lost where the sensitive information value is unknown.

 Above average

Ethnic Grouping

Category	BCC		People		Growth and Regeneration		Resources	
	WDL %	Workforce %	WDL %	Workforce %	WDL %	Workforce %	WDL %	Workforce %
BAME	13.4%	12.6%	11.9%	13.4%	12.5%	9.8%	17.9%	15.4%
White British	80.0%	80.1%	83.9%	79.2%	76.4%	83.2%	78.3%	77.1%
White Minority Ethnic	5.1%	5.5%	2.9%	6.1%	9.4%	5.2%	2.7%	5.2%
Prefer not to say	1.5%	1.7%	1.4%	1.2%	1.8%	1.9%	1.1%	2.2%

The table above shows that BAME employees are having a higher percentage of working days lost than the percentage of BAME employees in the workforce. The same is true for the Growth and Regeneration and Resources Directorate's. In the People Directorate White British employees are having proportionately more working days lost. There is a high proportion of BAME staff in lower paid jobs; this is reflected in the high absence rate.

Ethnicity

Category	BCC		People		Growth and Regeneration		Resources	
	WDL %	Workforce %	WDL %	Workforce %	WDL %	Workforce %	WDL %	Workforce %
Asian or Asian British	2.6%	2.5%	1.6%	2.1%	4.2%	2.1%	2.0%	3.6%
Black or Black British	7.7%	6.4%	8.1%	7.4%	3.8%	4.1%	13.5%	8.2%
Mixed	2.9%	3.3%	2.1%	3.4%	4.4%	3.2%	2.2%	3.3%
Other Ethnic Groups	0.2%	0.5%	0.2%	0.6%	0.1%	0.4%	0.3%	0.4%
Prefer not to state	1.5%	1.7%	1.4%	1.2%	1.8%	1.9%	1.1%	2.2%
White	85.1%	85.6%	86.7%	85.2%	85.7%	88.3%	80.9%	82.4%

At a more granular level from Ethnic Grouping, this table shows that overall Asian/Asian British or Black/Black British employees are having a higher percentage of working days lost than the percentage of employees in the workforce. Whereas in the People and Resources Directorates only Black/Black British employees are having proportionately more working days lost. In Growth and Regeneration Asian/Asian British and Mixed employees are having a higher proportion of working days lost.

Disability

	BCC		People		Growth and Regeneration		Resources	
Category	WDL %	Workforce %	WDL %	Workforce %	WDL %	Workforce %	WDL %	Workforce %
Disabled	14.1%	9.5%	13.4%	10.0%	14.2%	8.7%	15.5%	10.0%
Not Disabled	81.7%	86.9%	82.8%	86.5%	81.1%	88.0%	80.7%	85.8%
Prefer not to state	4.1%	3.6%	3.8%	3.5%	4.8%	3.2%	3.8%	4.2%

The table above shows that across the organisation disabled employees are having proportionately more working days off than the workforce percentage. The same is true for employees that prefer not to state if they are disabled (excluding the Resources Directorate).

Gender

	BCC		People		Growth and Regeneration		Resources	
Category	WDL %	Workforce %	WDL %	Workforce %	WDL %	Workforce %	WDL %	Workforce %
Female	64.1%	60.1%	84.8%	81.3%	39.1%	41.0%	63.0%	56.7%
Male	35.9%	39.9%	15.2%	18.7%	60.9%	59.0%	37.0%	43.3%

The table above shows that overall in Bristol City Council and the People Directorate female employees are having a higher percentage of working days lost than the percentage of employees in the workforce. In Growth and Regeneration and Resources male employees are having a higher proportion of working days lost. The sickness absence rates have been consistently lower for men than women. We continue to work with Trade Union colleagues to help reduce the stigma associate with the menopause and improve sickness reporting in this area, which is often recorded as a different absence reason.

Age

	BCC		People		Growth and Regeneration		Resources	
Category	WDL %	Workforce %	WDL %	Workforce %	WDL %	Workforce %	WDL %	Workforce %
16 – 24	2.6%	3.5%	0.8%	2.1%	4.7%	5.0%	3.0%	3.4%
25 – 34	10.8%	18.3%	9.8%	18.8%	12.5%	18.3%	10.1%	17.8%
35 – 49	31.9%	35.6%	32.8%	35.6%	32.0%	35.6%	30.2%	35.4%
50 – 64	48.7%	39.3%	50.9%	39.8%	45.5%	38.2%	49.3%	40.0%
65 +	6%	3.3%	5.7%	3.7%	5.4%	2.9%	7.4%	3.4%

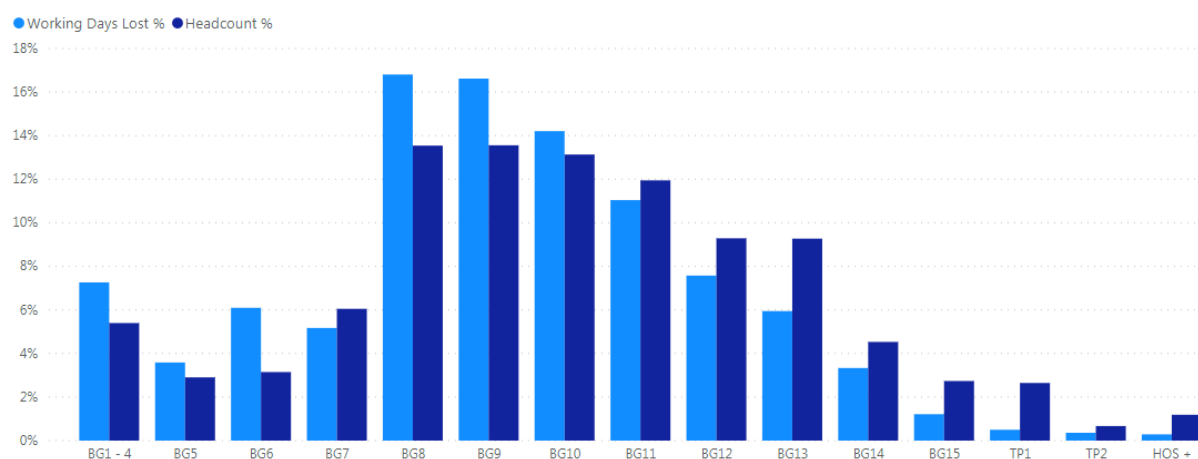
This table tells us that across the organisation our older employees are having proportionately more working days off than the workforce percentage. Sickness absence rates are higher among older workers than younger workers as they are more likely to develop health problems. The average age for the Councils is 46.

Sickness breakdown by pay grade and deprivation

Sickness by Pay Grade

There are significantly more days lost from employees in pay grades BG1 – 4, BG6, BG8 and BG9. Particularly in BG8 and BG9 there are proportionately more days lost than the workforce percentage. Fig7 below looks at the proportions of absence across all pay grades. Proportions of working days lost change by absence reason BG8 (18.3%) and BG9 (21.2%) both seen an increased proportion of Stress, Anxiety and Depression related sickness. BG1 – 4 increases significantly to 12.4% for Musculoskeletal related sickness.

Fig8: Working days lost percentages against workforce percentage by Pay Grade

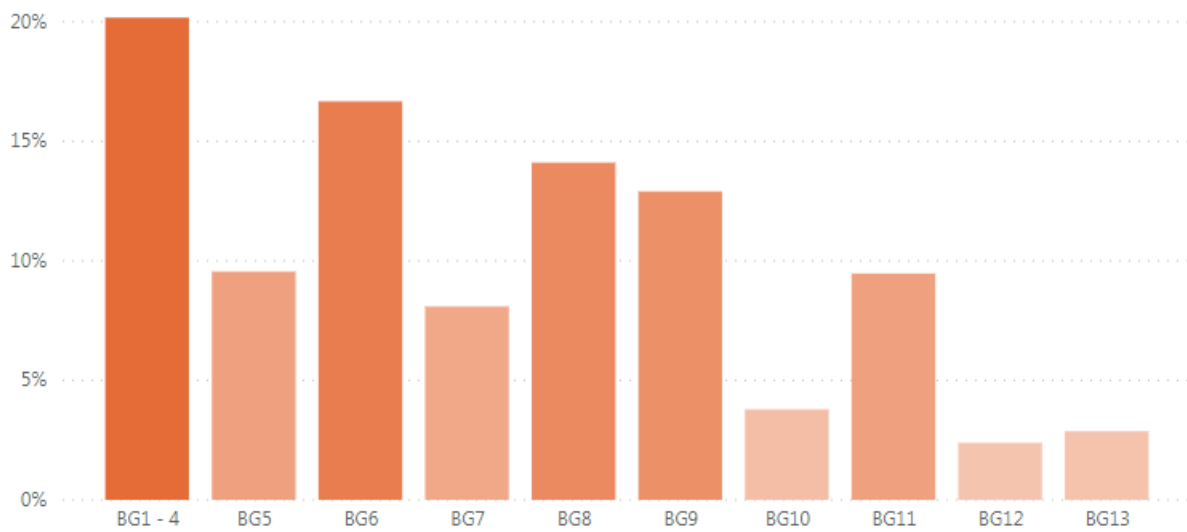


Sickness by Deprivation

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England the Ministry of Housing, Communities and Local Government is responsible for publishing the IMD. It follows an established methodological framework in broadly defining deprivation to encompass a wide range of an individual’s living conditions.

6.2% of Bristol City Council staff live in the most deprived areas of Bristol and these staff account for 10.0% of all working days lost. This percentage decreases to 7.7% for Stress, Anxiety and Depression related sickness but increases to 13.4% for Musculoskeletal related sickness. Sickness for employees in grades BG1 – 7 account for 54.6% of all sickness of employees that live in the most deprived areas of Bristol.

Fig9: Working days lost percentage by Pay Grade for employees that live in Most Deprived Areas of Bristol

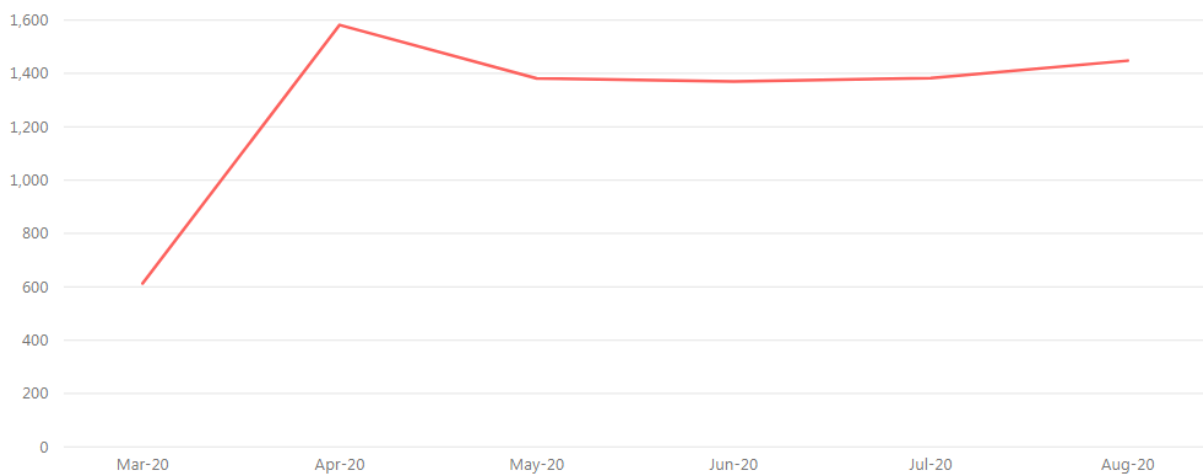


COVID-19 related sickness

Bristol City Council

Currently in our latest sickness report there have been 1447.5 working days lost due to COVID-19 sickness. After an initial peak in April 2020 (first started recording in March 2020) the absence figures due to COVID-19 have remained consistent. Currently BAME employees account for 14.9% of the working days lost for COVID-19 sickness. Disabled employees account for 12.0% of the working days lost for COVID-19 sickness. Employees aged 50 and over account for 36.6% of the working days lost for COVID-19 sickness.

Fig10: COVID-19 sickness working days lost



People

The People Directorate currently has the most working days lost due to COVID-19 with 685 days lost. The working days lost figure is starting to reach the initial peak working days lost in April 2020.

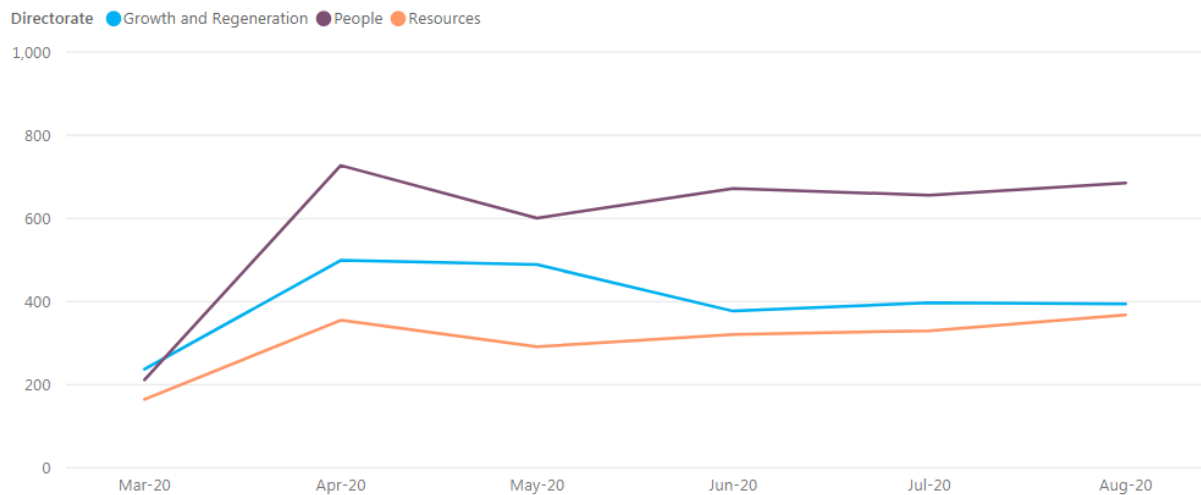
Growth and Regeneration

Growth and Regeneration had currently had 394.5 working days lost due to COVID-19. This figure has remained consistent after the initial peak in April 2020.

Resources

The Resources Directorate currently has 368 working days lost due to COVID-19. This figure is the highest amount since we began recording COVID-19 sickness.

Fig11: COVID-19 sickness working days lost by Directorate

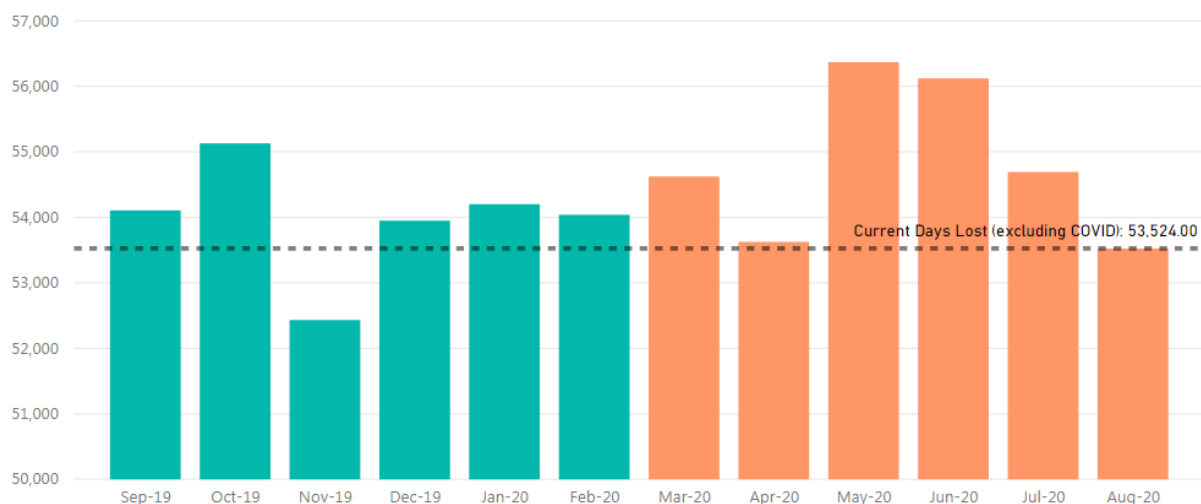


Sickness excluding COVID-19 related

Bristol City Council

If we exclude any COVID-19 related sickness from the working days lost calculation we find that the council's sickness level is one of the lowest it has been for the last 12 months and pre-COVID. Total working days lost excluding COVID-19 are currently 53,524 with a current average working days lost of 8.1. It is common for sickness rates to drop slightly in the summer months but the decrease in days lost could also be attributed to a positive effect of more staff being able to work from home.

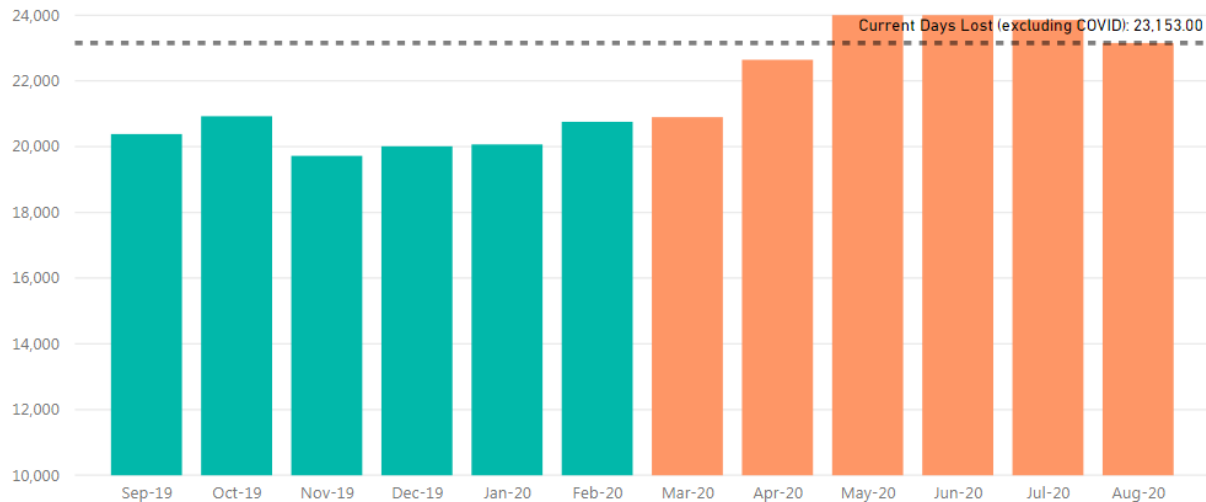
Fig12: Bristol City Council working days lost trend excluding COVID-19



People

Working days lost excluding COVID-19 related sickness is currently 23,153 with an average days lost of 9.5. This figure is higher than any sickness rates pre-COVID and the days lost in the People Directorate have been increasing even when we exclude COVID-19 related sickness. The People Directorate contains employees that work most closely with citizens affected by COVID-19 and this could be having a negative effect on their health and wellbeing.

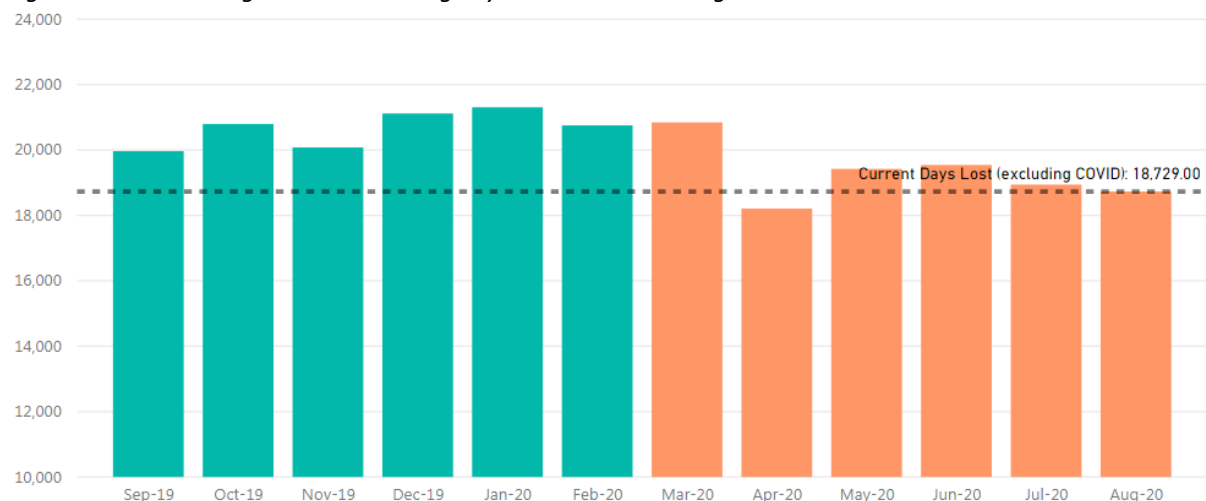
Fig13: People working days lost trend excluding COVID-19



Growth and Regeneration

In Growth and Regeneration working days lost excluding COVID-19 related sickness is currently 18,729 with an average days lost of 7.9. This sickness rate for Growth and Regeneration is the second lowest in the last 12 months and is lower than any of the sickness rates pre-COVID.

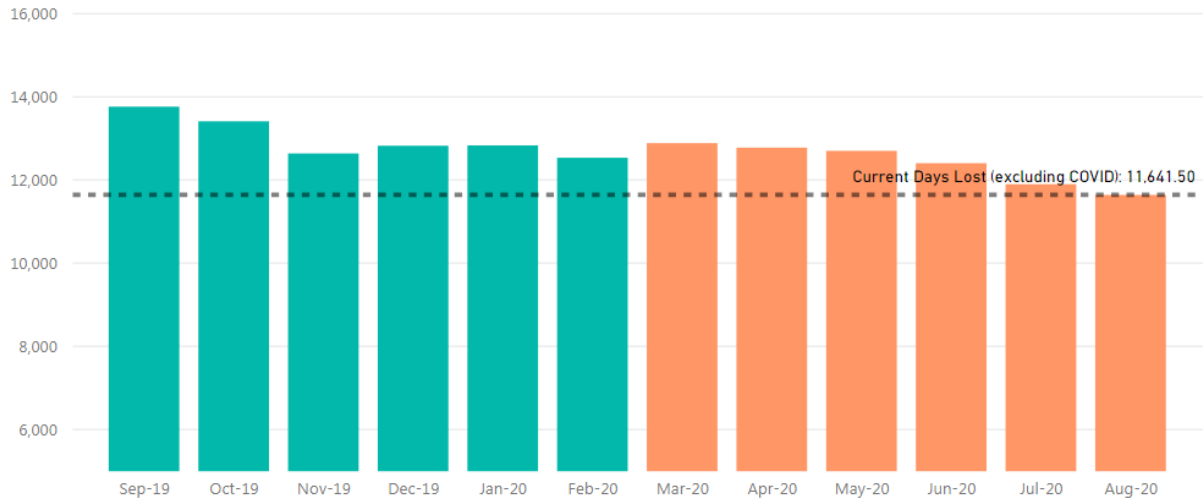
Fig14: Growth and Regeneration working days lost trend excluding COVID-19



Resources

Working days lost excluding COVID-19 related sickness in Resources is currently 11,641.5 with an average days lost of 6.5. This sickness rate for Resources is the lowest in the last 12 months. As employees in the Resources Directorate are primarily office based this reduction in working days lost could be attributed to a positive effect on being able to work from home.

Fig15: Resources working days lost trend excluding COVID-19



Bradford Factor Calculation

The Bradford Factor is a formula used to help measure and monitor absence. It aims to demonstrate the disproportionate disruption caused by multiple short-term absences. The Bradford Factor is a simple equation based on two pieces of data – the number of spells (S) of absence in a given period (usually a year) and the total number of days (D) absent by an employee. The Bradford Factor aims to show us that the higher the Bradford Factor score, the more disruptive an employees’ absence has been.

$$(S \times S) \times D = \text{Bradford Factor Score}$$

The formula is weighted to demonstrate the fact that frequent short spells of absence are seen as more problematic than single, longer instances.

We have calculated a Bradford Factor score for each employee that has had sickness absence in our current report and grouped them based on a score range.

Fig16: Bradford Factor Score Range

Score	Group
0 – 21	No concern
22 – 44	Some concern
45 – 100	Action required
100 – 899	Consider formal action
900 +	Formal action likely

Using the table above numbers of employees taking sickness absence are grouped as follows:

Category	BCC	People	Growth and Regeneration	Resources
No concern	1854 (55.1%)	677 (52.1%)	680 (56.2%)	497 (57.9%)
Some concern	345 (10.2%)	132 (10.2%)	134 (11.1%)	79 (9.2%)
Action required	401 (11.9%)	169 (13.0%)	135 (11.2%)	97 (11.3%)
Consider formal action	647 (19.2%)	262 (20.2%)	224 (18.5%)	161 (18.7%)
Formal action likely	121 (3.6%)	59 (4.5%)	37 (3.1%)	25 (2.9%)

The table above shows that across the overall organisation and each Directorate around 20% of employees that have had sickness absence have a high Bradford Factor score indicating lots of short term instances. A limitation of the Bradford Factor is that by using an algorithm in isolation, it removes the individual from the absence case where a more holistic approach to health and wellbeing may be required.

Sickness Absence Casework

Bristol City Council

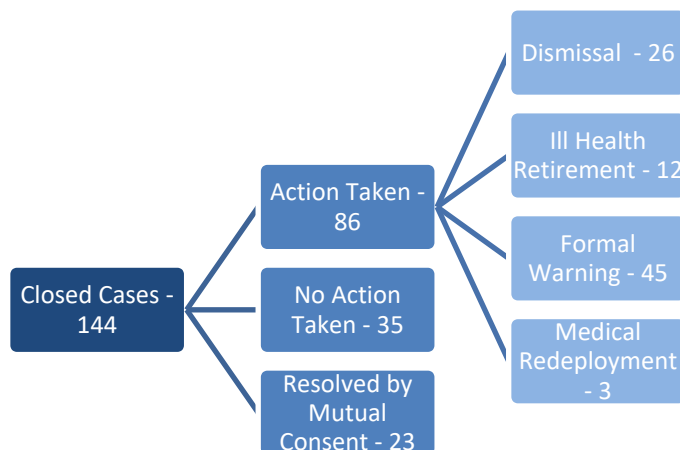
In July 2020 the council have introduced a new case management system that is integrated with our HR and Payroll system.

In the last 12 months there have been 144 cases closed relating to absence. Of these 59.7% have had action taken, 24.3% have had no action taken and 16% have been resolved informally by mutual consent. See Fig17 for a detailed breakdown of case outcomes.

There are currently 78 open absence related cases recorded in the iTrent HR System. Of these 67 are for long term absence cases and 11 for short term.

We have a proactive approach to managing absence related casework which includes regular reporting of individual sickness to enable the HR Consultancy Team to provide targeted support to managers and employees. The aim of this is to resolve any sickness absence issues informally before a formal case needs to be raised.

Fig17: Outcome map of closed cases



Managing Attendance

- We have seen a sharp increase in absence in recent months due to absence related to COVID-19. Covid related absence is not considered as part of any formal action through our sickness absence policy.
- HR have been working pro-actively with managers to support them at this time in managing all absence cases and contacting managers where staff are self-isolating, shielding, vulnerable or highly vulnerable.

- We continue to take preventative measures to reduce sickness absence through our Health and Wellbeing Plan and revised Workforce Strategy. We are actively monitoring sickness absence patterns for services relating to COVID-19 to ensure we act swiftly to any areas of increased risk.
- Over the last year we have worked closely with our internal audit team to review absence management controls. The overall Internal audit judgement having reviewed our systems and controls found that the Council has sound risk management, internal control and governance processes in place.
- Despite being the highest sickness reason it should be viewed as a positive that Stress, Anxiety and Depression related absence is now being identified when that absence may have previously been input as a different reason. This means that managers can now target support resources such as mental health first aid training and the employee assistance programme for those employees that need it.
- We are continuing our work on revising our sickness absence policy to take a holistic approach to health and wellbeing. We are committed to supporting our employees at work and our health and wellbeing plan sets out the actions we will be taking this year to support our employees.
- We have made organisational health and wellbeing one of our major priorities (Workforce Strategy), in February 2019 we signed the Time to Change employer pledge which shows our commitment to tackling the stigma of mental ill health. Our major focus for the year ahead is ensuring our leaders continue to develop their skills to support those people reporting health and wellbeing concerns.
- We are currently commissioning a new service provider to supply integrated occupational health, employee assistance and physiotherapy provision to support our requirements. A new provider will be in place in early 2021.