

<b>Title of Report:</b>	<b>Absenteeism Report – Quarter 3 2021/2022</b>
<b>Committee Report Submitted To:</b>	<b>Audit Committee</b>
<b>Date of Meeting:</b>	<b>9 March 2022</b>
<b>For Decision or For Information</b>	<b>For Information</b>

<b>Linkage to Council Strategy (2021-25)</b>	
Strategic Theme	Innovation and Innovation
Outcome	Improve Service Delivery and Performance
Lead Officer	Director of Corporate Services

<b>Budgetary Considerations</b>	
Cost of Proposal	
Included in Current Year Estimates	<b>YES</b>
Capital/Revenue	
Code	
Staffing Costs	

<b>Screening Requirements</b>	Required for new or revised Policies, Plans, Strategies or Service Delivery Proposals. <b>N/A</b>		
Section 75 Screening	Screening Completed:	Yes/No	Date:
	EQIA Required and Completed:	Yes/No	Date:
Rural Needs Assessment (RNA)	Screening Completed	Yes/No	Date:
	RNA Required and Completed:	Yes/No	Date:
Data Protection Impact Assessment (DPIA)	Screening Completed:	Yes/No	Date:
	DPIA Required and Completed:	Yes/No	Date:

## **1.0 Purpose of Report**

The purpose of this report is to provide Members with Quarter 3 (1 March 2021 to 31 December 2021) information regarding Absenteeism throughout the Council.

## **2.0 Background**

Absenteeism within the Council is closely monitored and managed in accordance with Policies and Procedures, and in line with NJC Terms and Conditions.

ODHR Business Partners work closely with each of the Directors, Managers and Supervisors to assist and support through a range of preventative proactive measures alongside the reactive to include referrals to Occupational Health, absence review meetings, referrals for Ill Health Retirement.

## **3.0 Performance Improvement Plan 2021/2022**

### **3.1 Progress to date – Quarter 1 (1 April 2021 - 31 December 2021) Objective 1, Performance Improvement Plan**

#### **Outputs**

- Council's newly revised Sickness Absence Policy came into effect on 1<sup>st</sup> July 2020.
- To date 116 line managers and 264 employees have been trained on the new policy (total 380 employees).
- Face to Face training is required in some front line service areas, however in line with increasing cases of COVID 19, the training was postponed. In line with relaxing restrictions, ODHR will work with the relevant managers and supervisors to organise this training.
- Work is ongoing with stakeholders to identify and agree further measures to support employees such as access to private Health Care, access to specific treatments, health insurance etc.
- In light of COVID-19 Occupational Health appointments are mostly by telephone, however face to face appointments can be arranged if required.
- Councils' highest reason for sickness absence is the Sickness Category including conditions such as Stress, depression, mental health and fatigue syndrome. However, it is noted there is a reduction of 761.56 days from the 2019/20 figures (See Table 4 for further analysis).
- Employees who are absent due to a stress or a stress related absence are referred immediately to Occupational Health so that interventions can be put in place at an early stage. Employees are also reminded of the counselling services provided by Inspire. Additionally, Council continue to provide more in-depth Counselling services, as recommended by Occupational Health.

In Quarter 3, 6 employees availed of these services, 4 of which are new referrals.

- Regional health and well-being initiatives also included the 'One Billion Steps' Challenge, with individual staff members and teams participating.
- ODHR have now implemented the **Staywell** Well Hub which is a regional Local Government initiative to support wellbeing and has supported by a training programme for employees.
- ODHR work closely with the PR department providing wellbeing content for the weekly Staff News, covering a variety of topics in relation to general health and wellbeing including Mental Health.
- Council are mindful of the unique and difficult time we are working in and have been providing practical advice and solutions for staff who continue to work from home. Further details provided in Section 6.

### 3.2 Outcomes

**Please Note: As 2020/21 has not been a usual year due to the COVID 19 Pandemic, the sickness figures from the previous year (2019/20 actuals) will be used as a baseline to report against)**

- A 2.75% reduction in the number of days lost to Council through long term sickness (*6,813.50 in Q3 2019/20, target 6,626.13 days in 2020/21, actual reduction 324.43 days*)
- A 2.5% reduction in the average number of days lost per employee through sickness absenteeism (*12.57 days per employee in Q3 2019/20, target 12.26 in 2020/21, actual 12.34 days per employee*)
- We will maintain the average time for an Occupational Health Review from 4 weeks to 2 weeks

### 3.3 Quarter 3 Performance Against Targets

Table 1 Quarter 3 Performance Against Targets and in-Year Comparisons

	9 months ending 31/12/19	Reduction target against same period last year	9 months ending 31/12/21	On Target/ Not On Target
Average number of days lost per employee through sickness absenteeism	12.57	12.26 (2.5% target)	12.34 (1.85% reduction)	Below Target
Number of Days lost to Council through long term sickness	6,813.50	6,626.13 (2.75% target)	324.43 (14.71% reduction)	On Target

Average time for an Occupational Health Review (We will maintain the average time for an Occupational health Review from 4 weeks to 2)	4 weeks	2 weeks (from 4 weeks to 2 weeks)	2 weeks	On Target
Staff members engaging in Council's wellbeing activities			533*	

\*93 participants involved in the Councils Walking Challenges / a further 6 employees have joined the Councils Gyms / 434 staff completed Online Personal Well being courses

### 4.0 Analysis of Quarter 2 Data

Table 2 – Analysis of Absenteeism Data

<b>April – December</b>	<b>2021/22</b>	<b>2019/20</b>	<b>Reduction</b>
No. of employees absent	192	286	94
Long Term as % of total absence <i>(absence greater than 20 days)</i>	90.8%	86.9%	-3.9%
Short Term as % of total absence <i>(absence less than 20 days)</i>	9.2%	13.1%	3.9
Average days lost per employee	12.34	12.57	0.23

(combined short and long term)			
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**Table 3 – Top 5 reasons for Absence\***

<b>April – December</b>	<b>2021/22</b>	<b>2019/20</b>	<b>Reduction</b>
Stress, depression, mental health and fatigue syndrome	37.25%	43.68%	6.43%
Musculo-skeletal problems (excluding back and neck)	17.69%	12.02%	-5.67%
Heart, blood pressure and circulation	7.99%	5.43%	-2.56%
Other	7.2%	18.91%	11.71%
Stomach, liver, kidney and digestion	6.92%	5.45%	-1.47%

\*Appendix 1 provides further details

**Table 4 – Analysis of Stress and Stress Related Absences**

	<b>9 months ending 31/12/21</b>	<b>9 months ending 31/12/19</b>	<b>Difference</b>
Total days absent under the Sickness Category for Stress, depression, mental health and fatigue	2,662.91	3,424.47	Reduction of 761.56 days
Stress listed as sickness reason – Total Days absent	1,064.90	1546.25	Reduction of 481.35 days
Work related Stress listed as sickness reason – Total days absent	544.68	854.07	Reduction of 309.39 days

Table 5 - Analysis of the Cost of Absence

	<b>9 months ending 31/12/21</b>	<b>9 months ending 31/12/19</b>	<b>Difference</b>
Total Days Lost	7,147.85 days	7,839.18 days	Reduction of 691.33 days
Average hourly rate	£19.77	£19.81	
Total estimated costs*	£1,045,716.16	£1,149,176.75	Reduction of £103,460.59

\*Estimated cost of sickness, not including Agency backfill, acting-up, overtime, retraining, lost productivity etc

## **5.0 Mental Health and Wellbeing Strategy and Action Plan**

The Council have been involved in the development of a Mental Health and Wellbeing Strategy and Action Plan. This Strategy has been developed to guide the work of the Local Government in the longer term, and to focus on the action plan for 2020 - 2023. The Vision for the Strategy is based on the acronym **ASK**:

### **Accept**

One of the key messages to come out of the consultation was the need to accept that anyone at any level in Councils and the NIHE can have poor mental health, and to work towards a culture where mental health can be discussed openly. As organisations, we need to demonstrate a visible commitment to mental health in the workplace by providing an environment where individuals feel accepted and safe to speak openly about mental health including their personal experiences.

### **Support**

The Group seeks to ensure that individuals in Councils and the NIHE feel supported in relation to their health and wellbeing and that, if they are experiencing poor mental health, they know how and where to access support.

### **Knowledge**

Mental health is about wellness rather than illness and is not merely the absence of a mental health condition. Mental health exists on a continuum, or range: from positive, healthy functioning at one end through to severe symptoms of mental health conditions at the other. The Group seeks to support individuals at all levels in Councils and the NIHE to have access to the knowledge and tools to support anyone experiencing poor mental health and create healthy workplaces.

## **6.0 Support provided to Staff during year – COVID arrangements**

- Flexible working arrangements available such as parental leave, special leave, annual leave, toil and flexi
- Encouraging staff to have breaks during the day and to take annual leave
- Importance of regular staff contact/communication using methods such as WhatsApp, MS Teams, Phone calls, Staff Newsletter
- Initiatives from Inspire
- Health and Well Being Groups Walking Challenge
- Regional Well Being initiatives such as 'One Billion Steps'
- Stress Control Classes through Health Trusts delivered by professionals offering suggestions/advice/support, and providing staff time to attend same
- Supervisors and Managers applying practical and sensible solutions, managing workloads and priorities, whilst delivering services, mindful of public and expectations
- The Agile Working Policy has been approved by Council and arrangements for implementation underway. A programme of training has been delivered to Managers and Supervisors, with 6 sessions delivered and 88 attendees. Further training on the Policy will be delivered to staff in the coming weeks.

This quarterly report will continue to be provided to Audit Committee, and the information will also be feed through Council's Performance Improvement Plan.

## **7.0 Recommendation:**

It is recommended that Council notes the report presented.

## Appendix 1 Absenteeism Analysis Summary

### Analysis summary 1 April 2019 – 31 December 2019

<b>Analysis</b>	<b>No employees</b>	<b>No incidents</b>	<b>No of days</b>	<b>Percentage</b>
Back and neck problems	30	31	441.36	5.63
Chest and respiratory	24	25	118.13	1.51
Eye, ear, nose and mouth/dental	9	10	120.8	1.54
Genito-Urinary/Gynaecological	3	3	19.2	0.24
Heart, blood pressure and circulation	10	10	425.57	5.43
Infections	53	55	199.89	2.55
Musculo-skeletal problems (excluding back and neck)	23	25	942.64	12.02
Neurological	18	20	93.84	1.2
Other	36	37	1482.7	18.91
Pregnancy (excluding Maternity Leave)	5	6	143	1.82
Stomach, liver, kidney and digestion	57	60	427.59	5.45
Stress, depression, mental health and fatigue syndrome	74	77	3424.47	43.68
<b>Grand Total</b>	<b>342</b>	<b>359</b>	<b>7,839.19</b>	<b>99.98</b>

### Analysis summary 1 April 2021 – 31 December 2021

<b>Analysis</b>	<b>No employees</b>	<b>No incidents</b>	<b>No of days</b>	<b>Percentage</b>
Back and neck problems	11	12	461.13	6.45
Chest and respiratory	14	15	330.82	4.63
Eye, ear, nose and mouth/dental	7	8	259.6	3.63
Genito-Urinary/Gynaecological	4	4	30.15	0.42
Heart, blood pressure and circulation	9	10	571.08	7.99
Infections	29	29	475.84	6.66
Musculo-skeletal problems (excluding back and neck)	31	32	1264.29	17.69
Neurological	6	6	32.87	0.46
Other	16	18	514.49	7.2
Pregnancy (excluding Maternity Leave)	3	3	50	0.7
Stomach, liver, kidney and digestion	36	37	494.67	6.92
Stress, depression, mental health and fatigue syndrome	47	50	2662.91	37.25
<b>Grand Total</b>	<b>213</b>	<b>224</b>	<b>7,147.85</b>	<b>100</b>