

Title of Report:	Absenteeism Report – Year End 2021/2022
Committee Report Submitted To:	Audit Committee
Date of Meeting:	8 June 2022
For Decision or For Information	For Information

Linkage to Council Strategy (2021-25)	
Strategic Theme	Innovation and Innovation
Outcome	Improve Service Delivery and Performance
Lead Officer	Head of ODHR

Budgetary Considerations	
Cost of Proposal	N/A
Included in Current Year Estimates	YES
Capital/Revenue	N/A
Code	N/A
Staffing Costs	N/A

Screening Requirements	Required for new or revised Policies, Plans, Strategies or Service Delivery Proposals. N/A		
Section 75 Screening	Screening Completed:	N/A	Date:
	EQIA Required and Completed:	N/A	Date:
Rural Needs Assessment (RNA)	Screening Completed	N/A	Date:
	RNA Required and Completed:	N/A	Date:
Data Protection Impact Assessment (DPIA)	Screening Completed:	N/A	Date:
	DPIA Required and Completed:	N/A	Date:

1.0 Purpose of Report

The purpose of this report is to provide Members with Year End 2022 (1 March 2021 to 31 March 2022) 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 4 (1 April 2021 – 31 March 2022) Objective 1, Performance Improvement Plan

Outputs

- Council's newly revised Sickness Absence Policy came into effect on 1st 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 1,043.72 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 4, 49 counselling sessions were provided by Inspire. This brings the year-end total to 114 counselling sessions.

- 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 (*9,510.23 in Q4 2019/20, target 9,248.70 days in 2021/22, actual reduction 635.11 days*)
- A 2.5% reduction in the average number of days lost per employee through sickness absenteeism (*17.82 days per employee in Q4 2019/20, target 17.37 in 2021/22, actual 17.03 days per employee*)
- We will maintain the average time for an Occupational Health Review from 4 weeks to 2 weeks.

3.3 Quarter 4 Performance Against Targets

Table 1 Quarter 4 Performance Against Targets and in-Year Comparisons

	12 months ending 31/03/20	Reduction target against same period last year	12 months ending 31/03/22	On Target/ Not On Target
Average number of days lost per employee through sickness absenteeism	17.82	17.37 (2.5% target)	17.03 (4.46% reduction)	On Target
Number of Days lost to Council through long term sickness	9,510.23	9,248.70 (2.75% target)	8875.12 (6.68% 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	

4.0 Analysis of Quarter 4 Data

Table 2 – Analysis of Absenteeism Data

April 21 – March 22	2019/20	2021/22	Difference
Number of Full Time Equivalent Employees	620.39	577.02	-43.37
Number of employees with or more absence during the year	347	234	-113
Number of periods of absence	503	301	-202
Number of FTE employees without an absence	312.71 50.4%	366.31 63.4%	+13%
Long Term as % of total absence <i>(absence greater than 20 days)</i>	86.02%	90.34%	+3.92%
Short Term as % of total absence <i>(absence less than 20 days)</i>	13.97%	9.66%	-3.97%
Average days lost per employee <i>(combined short and long term)</i>	17.82	17.03	-0.79
FTE's	620.39	577.02	-43.37

Table 3 – Top 5 reasons for Absence*

**Appendix 1 provides further details*

April – March	2019/20	2021/22	Difference
Stress, depression, mental health and fatigue syndrome	44.84%	39.83%	-5.01%
Musculo-skeletal problems (excluding back and neck)	11.03%	12.78%	+1.75%
Heart, blood pressure and circulation	3.88%	9.27%	+5.39%
Infections	4.33%	7.80%	+3.47%
Other	17.22%	7.42%	-9.80%

Table 4 – Analysis of Stress and Stress Related Absences

	12 months ending 31/03/20	12 months ending 31/03/22	Difference
Total days absent under the Sickness Category for Stress, depression, mental health and fatigue	4,956.88	3,913.16	Reduction of 1,043.72 days
Stress listed as sickness reason – Total Days absent	2,513.08	1,647.16	Reduction of 865.92 days
Work related Stress listed as sickness reason – Total days absent	1,318.73	918.06	Reduction of 400.67 days

Table 5 - Analysis of the Cost of Absence

	12 months ending 31/03/20	12 months ending 31/03/22	Difference
Total Days Lost	9,510.23 days	9,824.11 days	Reduction of 313.88 days
Average hourly rate	£19.81	£19.77	
Total estimated costs*	£1,393,438.90	£1,437,247.64	Reduction of £43,808.74

**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. A programme of training has been delivered to Managers and Supervisors, with 84 managers and 210 employees trained (294 in total). An implementation date has not yet been agreed in line with the Executives guidance to work from home where possible.
- Health Plan Provision currently being considered by Council.

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 March 2020

Analysis	No incidents	No of days	Percentage
Back and neck problems	36	753.14	6.81
Chest and respiratory	32	224.04	2.03
Eye, ear, nose and mouth/dental	15	145.23	1.31
Genito-Urinary/Gynaecological	4	22.92	0.21
Heart, blood pressure and circulation	11	428.57	3.88
Infections	103	479.14	4.33
Musculo-skeletal problems (excluding back and neck)	29	1218.88	11.03
Neurological	25	106.86	0.97
Other	46	1903.17	17.22
Pregnancy (excluding Maternity Leave)	9	160.76	1.45
Stomach, liver, kidney and digestion	89	655.54	5.93
Stress, depression, mental health and fatigue syndrome	104	4956.88	44.84
Grand Total	503	11,055.13	100.01

Analysis summary 1 April 2021 – 31 March 2022

Analysis	No incidents	No of days	Percentage
Back and neck problems	21	629.07	6.4
Chest and respiratory	19	390.15	3.97
Eye, ear, nose and mouth/dental	9	325.76	3.32
Genito-Urinary/Gynaecological	7	103.86	1.06
Heart, blood pressure and circulation	14	911.07	9.27
Infections	42	766.74	7.8
Musculo-skeletal problems (excluding back and neck)	36	1255.43	12.78
Neurological	9	74.85	0.76
Other	23	729.09	7.42
Pregnancy (excluding Maternity Leave)	3	50	0.51
Stomach, liver, kidney and digestion	48	674.93	6.87
Stress, depression, mental health and fatigue syndrome	70	3913.16	39.83
	301	9,824.11	99.99