

NORTH LINCOLNSHIRE COUNCIL

AUDIT COMMITTEE

ATTENDANCE MANAGEMENT ANNUAL REPORT 2021-22

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform the Audit Committee of 2021/2022 sickness absence levels including the year-end position.

2. BACKGROUND INFORMATION

- 2.1 In July 2021, the Audit Committee received a report on sickness absence during 2020/21 and agreed that there was sufficient assurance that the risk to capacity due to sickness absence was being managed through adequate controls.
- 2.2 The Committee requested a further report on sickness absence be submitted detailing the 2021/22 year-end position.

Analysis of 2021-22 sickness absence

- 2.3 The average number of working days lost due to sickness absence in 2021/22 was 9.59 days. This indicates a 25% increase (1.82 days) in overall sickness absence levels compared to 2020/21.
- 2.4 As 2020/2021 was not a typical year for the workforce due to the pandemic (workplace closures, self-isolation, shielding etc.), a comparison with 2019/20 levels is also provided. When compared with 2019/20, the average number of days lost has increased by 4% (0.19 days).

Table 1: Average number of days lost per Full Time Equivalent (FTE) employee					
Length	2017/18	2018/19	2019/20	2020/21	2021/22
Up to 7 days	2.22	2.00	2.17	1.19	2.02
8-20 days	1.27	1.12	1.20	1.11	1.32
20-60 days	2.41	2.33	2.70	2.29	2.52
60+ days	4.05	4.06	3.33	3.18	3.73
Total	9.95	9.51	9.40	7.77	9.59

- 2.5 Table 2 shows the number of FTE days lost due to short term (up to 20 days) and long term (over 20 days) for 2019/20, 2020/21 and 2021/22. During 2021/22, there has been an increase in the number of days lost due to short and long-term absence. Again, due to the impact of the pandemic on sickness absence levels a comparison with the previous two years is provided.

Table 2: Number of FTE days lost due to sickness absence					
Category	2019/20	2020/21	2021/22	2021/22 compared to 2019/20	2021/22 compared to 2020/21
Short term (<= 20 days)	12,956	8,890	13,121	↑ 1%	↑ 48%
Long term (> 20 days)	23,199	21,181	24,504	↑ 6%	↑ 16%
Total	36,154	30,071	37,625	↑ 4%	↑ 25%

- 2.6 The number of periods of absence has increased for short term absence compared to last year. However, both compared to 2019/20 and 2020/21, the number of periods of long-term absence have fallen as shown in the table below:

Table 3: Periods of sickness absence					
Category	2019/20	2020/21	2021/22	2021/22 compared to 2019/20	2021/22 compared to 2020/21
Short term (<= 20 days)	5,840	3,191	5,184	↓ 11%	↑ 62%
Long term (> 20 days)	709	627	623	↓ 12%	↓ 1%
Total	6,549	3,818	5,807	↓ 11%	↑ 52%

- 2.7 On average, a period of absence lasted for 6.5 days in 2021/22 which is longer than in 2019/20 (5.5 days) but less than in 2020/21 (7.9 days). During the last three years, long term sickness has continued to impact on overall sickness absence levels and in 2021/22 accounted for 66% of all absence.
- 2.8 47% of the workforce did not have any periods of sickness absence during 2021/22 – this is higher than levels of zero absence in 2019/20, which was 43%. In 2020/21, the figure was 61% but reflects that the workforce was not operating in the usual way throughout the pandemic with workplace closure, self-isolation and periods of shielding.
- 2.9 Table 4 below sets out the most common reasons for sickness absence during 2020/21. Stress and depression and musculo-skeletal problems remain the most common reasons for long term absence, which mirrors national trends.

Table 4: Reasons for sickness absence								
Short term absence			Long term absence			All absence		
1	Infectious disease (COVID-19)	22%	1	Stress & depression	34%	1	Stress & depression	26%
2	Infections	20%	2	Other Musculo-skeletal	18%	2	Other Musculo-skeletal	15%
3	Stomach & digestion	14%	3	Heart & blood pressure	10%	3	Infections	12%

- 2.10 Sickness absence due to COVID-19 accounted for 11% of all absence during 2021/2022, compared to 13% in 2020/21. This includes absence due to illness as a result of COVID-19 symptoms or confirmed COVID-19 and absence due to post recovery illness. A breakdown of both years is detailed below:

Table 5: COVID-19 related sickness absence				
Category	2020/21		2021/22	
	Days lost	% all absence	Days lost	% all absence
COVID-19 illness	3,322	11%	3,263	9%
Post COVID-19 recovery	690	2%	740	2%
Total	4,012	13%	4,003	11%

- 2.11 The overall increase in sickness absence reflects the gradual removal of restrictions over the last year and a return to more normal operations alongside waves of transmission that has impacted on attendance levels. We have seen an increase in sickness absence to around the same levels as pre-pandemic as employees have returned to the workplace as facilities re-opened fully and office workspaces for connectivity and collaboration as the council continues to adopt an agile working style. Also, over the last year people have increasingly returned to their normal routine outside of work as restrictions eased and been in greater contact with others, which increases the possibility of picking up infections etc which impacts on sickness absence.
- 2.12 The key activities that have taken place are outlined below and seek to provide assurance that the council has continued to take action to keep the workforce safe and well during the pandemic to support good levels of attendance and reducing sickness absence:
- **COVID-19 FAQs:** Workplace guidance regularly updated throughout the pandemic to reflect government and LGA guidance and communicated to the workforce to ensure safety and accurate and timely reporting of COVID-19 related sickness absence.
 - **COVID-19 notification reporting:** Mechanisms for reporting and monitoring self-isolation and confirmed COVID-19 cases. Contact tracing protocols were in place throughout 2021/22 to reduce transmission of the virus to other employees within the workplace and prevent wider outbreaks.

- **Workforce resilience reporting:** Reports have been provided to SLT on workforce availability detailing the level and impact of COVID-19 and other sickness absence on staffing levels. The regularity of reporting has been scaled up and down depending on case rates and risk levels and has been at least on a weekly basis throughout 2021/22. It has provided an overview across the council and enabled a focus on business continuity and targeted intervention to ensure the workforce remains safe and well. Workforce availability fell to its lowest level in March 2022 (92%) and for most of the year has remained at 95%.
- **Allocated workspace for wellbeing:** During the restrictions, dedicated office workspace was made available to employees for wellbeing purposes. This ensured that employees were kept safe and well where specific mental and physical wellbeing needs were identified. Employees continue to have the ability to book specific workspace where they have a wellbeing need.
- **Wellbeing Assessments:** Managers and employees completed the latest round of wellbeing check-ins between December 2021 and February 2022. This is a focused conversation to discuss health & wellbeing and review support in place/required to support wellbeing and ensure the employee remains safe and well. Overall, 92% of employees responded 'I feel safe and well in my job'.
- **Organisational Recovery and Renewal (ORR) Group:** The group continued to set the direction for how the council transitions from the new ways of working established during the pandemic to a sustainable model of an agile organisation. Working styles have been defined that both meet the needs of the organisation and enable employees to work flexibly and collaboratively to achieve the council's outcomes, maintaining a focus on keeping the workforce safe and well.
- **Living with COVID-19 Framework:** The framework was established to set out risk levels and measures required at each level to keep the workforce safe and well and reduce transmission. Regular reviews of the risk level informed by case rates, hospital admissions, public health intelligence and workforce resilience data were undertaken throughout the year.
- **Counselling & Welfare Service:** The in-house counselling and welfare service provides employees with access to British Association for Counselling and Psychotherapy (BACP) approved counsellors on a self-referral basis. The service has continued to operate remotely throughout 2021/2022 and provided over 1,728 telephone/online counselling sessions.
- **Occupational Health (OH) provision:** People Asset Management (PAM), our external OH provider, support the council to manage attendance through OH referrals and specialist advice and support. PAM have continued to deliver OH clinics remotely through telephone and video consultations with additional COVID-19 risk assessment provision accessed as required. Telephone or video assessments have been undertaken where appropriate for health surveillance monitoring.

- **Targeted support:** HR business partners continue to provide support to services to identify 'hotspots', take action to address high levels of sickness absence and provide support for managing long term, complex cases. HR have worked particularly closely with services to provide advice and support on managing COVID-19 related sickness absence and supporting vulnerable employees at greater risk within the workplace.
- **Monitoring and reporting:** Ongoing monitoring and reporting of sickness absence levels via the workforce reporting schedule and real time access for managers via the Manager Portal to report, record and monitor their team members attendance and requirement for support and action under the council's Attendance Management policy.

3. **OPTIONS FOR CONSIDERATION**

- 3.1 The Audit Committee is asked to consider the council's year-end position and determine whether they have sufficient assurance that adequate controls are in place to manage the risk to capacity from levels of sickness absence.

4. **ANALYSIS OF OPTIONS**

- 4.1 Accept the report as assurance that the risk to capacity due to sickness absence is being managed through adequate controls.
- 4.2 Ask for further information/progress reports of the controls in place to manage sickness absence.

5. **FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

- 5.1 Sickness absence is costly to the council in terms of lost productivity and the need to provide backfill cover for some frontline positions.

6. **OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

- 6.1 We want the same outcomes for our workforce as for we do for North Lincolnshire residents, that they are safe and well, as set out in our Council Plan priority of keeping people safe and well.

7. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 7.1 An Integrated Impact Assessment is not required.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 Sickness absence is reported to all parties on an ongoing basis.

8.2 There are no conflicts of interests to declare.

9. RECOMMENDATIONS

9.1 That the Audit Committee determines whether there is a continuing assurance that the risk to capacity due to sickness absence is being managed through adequate controls.

DIRECTOR: ECONOMY AND ENVIRONMENT

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Background Papers used in the preparation of this report – None