

## NORTH LINCOLNSHIRE COUNCIL

### AUDIT COMMITTEE

#### SICKNESS ABSENCE

#### 1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform the Audit Committee of sickness absence levels and 2012/13 year-end position

#### 2. BACKGROUND INFORMATION

- 2.1 In June 2012, the audit committee was assured that the risk to capacity from high levels of absence had been reduced during 2011/12 as a result of a reduction of 0.5 days compared to the previous year.
- 2.2 The committee requested that a report on sickness absence for the 2012/13 year, including statistics for '*office based staff and other more manual staff*' be submitted to the April 2013 meeting. Due to the data collection timescales for 2012/13 year-end data, it was agreed that this report be submitted to the June 2013 committee when full data would be available.

#### Analysis of 2012/2013 sickness absence

- 2.3 The average number of working days lost due to sickness absence in 2012/13 was 10.01 days against a target of 8.25 days. This is an increase of 1.51 days compared to 2011/12 and represents the first increase in absence levels in four years as detailed in table 1 below:

<b>Table 1: Average number of days lost per full time equivalent (fte) employee</b>					
Length	2008/09	2009/10	2010/11	2011/12	2012/13
Up to 7 days	2.75	2.68	2.13	2.05	2.17
8-20 days	1.42	1.52	1.21	1.26	1.23
20-60 days	2.19	2.34	2.19	2.02	2.23
60+ days	3.91	3.71	3.48	3.17	4.38

<b>Total</b>	<b>10.27</b>	<b>10.25</b>	<b>9.01</b>	<b>8.50</b>	<b>10.01</b>
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- 2.4 Table 2 shows the number of full time equivalent days lost due to short term (up to 20 days) and long term (over 20 days) for the 2011/12 and 2012/13.

<b>Table 2: Number of fte days lost due to sickness absence</b>		
<b>Category</b>	<b>2011/12</b>	<b>2012/13</b>
Short term (<= 20 days)	16,315	14,957
Long term (> 20 days)	25,553	29,086
<b>Total</b>	<b>41,868</b>	<b>44,043</b>

- 2.5 During 2012/13, there has been an eight per cent fall in the number of days lost to short term absence. However, there has been a 14 per cent increase in the number of days lost due to long term absence. Overall, this has resulted in a five per cent increase in the number of fte days lost due to sickness absence.

- 2.6 Short term sickness absence accounted for 34 per cent of all absence, while long term periods accounted for 66 per cent. This is compared to 39 per cent and 61 per cent respectively in 2011/12. The council continues to experience a higher proportion of long term absence compared to other unitary councils, where on average 55 per cent of absence is due to long term absence (CIPFA HR benchmarking, 2012).

- 2.7 The number of periods of absence has fallen compared to 2011/12 as shown in the table below:

<b>Table 3: Period of sickness absence</b>		
<b>Category</b>	<b>2011/12</b>	<b>2012/13</b>
Short term (<= 20 days)	7,274	6,678
Long term (> 20 days)	691	738
<b>Total</b>	<b>7,965</b>	<b>7,416</b>

- 2.8 Although the number of fte days has increased during 2012/13, the periods of absence has reduced by 549, which equates to a 7 per cent reduction overall. This reflects a trend of fewer periods of sickness absence but for a longer duration. On average, a period of absence

lasted for 5.94 days in 2012/13 compared to 5.26 days in 2011/12. The impact of long term absence on this overall figure is reflected in an increase in average duration from 36.9 days to 39.4 days. The average duration of short term absence remains unchanged at 2.24 days.

- 2.9 Table 4 below sets out the most common reasons for sickness absence during 2012/13. The predominance of stress and depression and musculo-skeletal problems amongst the most common reasons for absence mirrors national trends: *'stress and musculo-skeletal injuries are the most common causes of long term absence in the public sector, and after minor illnesses, are also the top causes of short term absence'* (CIPD, 2013). From the data available, it is not possible to identify the proportion of absence that is work-related as opposed to non-work related.

<b>Table 4: Reasons for sickness absence</b>								
Short term absence			Long term absence			All absence		
<b>1</b>	Infections	29.8%	<b>1</b>	Stress & depression	30.9%	<b>1</b>	Stress & depression	23.9%
<b>2</b>	Stomach & digestion	17.2%	<b>2</b>	Musculo skeletal	21.4%	<b>2</b>	Musculo skeletal	17.9%
<b>3</b>	Musculo skeletal	11.4%	<b>3</b>	Stomach & digestion	8.7%	<b>3</b>	Infections	12.8%

- 2.10 Sickness absence levels within the council are benchmarked each year against other public sector bodies via the CIPFA HR benchmarking club. Human Resources are currently awaiting the 2013 CIPFA benchmarking results which will provide more up to date information against which to compare the council's 2012/13 year end position.

### **Analysis of sickness absence by type of work**

- 2.11 Statistics for sickness absence levels for *'office based staff and other more manual staff'* during 2012/13 was requested by the Audit Committee at the meeting in June 2012. An analysis has been undertaken by categorising posts as either (i) administrative/office based, (ii) manual, or (iii) community/frontline. For the purposes of this analysis, schools are excluded. Examples of the posts in each category are provided in Appendix 1 for information.

2.12 Table 5 below shows the average number of days lost per employee by post type. Employees working in manual based posts have more absence (14.73 days) compared to both administrative/office based employees (8.84 days) and those working in frontline/community based roles (12.88 days). Absence lasting more than 60 days is significantly higher amongst manual roles than employees in other types of post. Administrative/office based workers have the lowest levels of absence across all length categories.

<b>Table 5: Sickness absence by job type</b>					
Category	Up to 7 days	8-20 days	21-60 days	60+ days	Total
Admin/office based	2.08	1.26	2.16	3.34	<b>8.84</b>
Manual	2.34	1.66	2.42	8.31	<b>14.73</b>
Frontline/community	2.62	1.45	3.66	5.15	<b>12.88</b>

2.13 Despite differences in the nature of work, the most common reasons for sickness absence are fairly similar across job types. The higher proportion of musculo-skeletal related absence amongst employees working in more manual roles may be attributed to the more physical nature of the work undertaken. Similarly, the prevalence of infections amongst office-based and frontline/community based employees is understandable given the probability of contracting infection from other colleagues within an office environment or due to greater contact with members of the public. As identified above, it is not possible to identify whether this is work-related or non-work related from the data available.

<b>Table 4: Reasons for sickness absence by job type</b>								
Admin/office based			Manual			Frontline/community		
<b>1</b>	Stress & depression	22.5%	<b>1</b>	Musculo skeletal	29.9%	<b>1</b>	Stress & depression	27.2%
<b>2</b>	Musculo skeletal	15.4%	<b>2</b>	Stress & depression	16.8%	<b>2</b>	Infections	15.3%
<b>3</b>	Infections	13.2%	<b>3</b>	Stomach & digestion	10.9%	<b>3</b>	Musculo skeletal	14.2%

## **Action taken to address sickness absence**

- 2.13 External feedback received through the recent HR soft marking testing exercise confirmed that the council is adopting best practice around its sickness absence policy and procedures. There has continued to be a high completion rate for manager checklists during 2012/13 - 96 per cent – indicating that the sickness absence procedure is being adhered to by managers.
- 2.14 The soft market testing exercise has identified a need to shift the council's focus from procedure and process to looking at the impact of culture and engagement on attendance. This requires the adoption of a more transformational approach which seeks to understand the root causes of absence.
- 2.15 The Managing Attendance Steering Group was reconvened in February 2013 and has developed a plan to address long term absence and work towards adopting a more transformational approach. The improvement plan identified five priority outcomes:
1. The organisation understands the root causes of absence
  2. Employees are supported to be healthy and productive
  3. Managers engage employees through strong leadership & modelling
  4. Managers are equipped to manage attendance effectively
  5. Related policies and processes remain robust and fit for purpose
- 2.16 Actions within the improvement plan include:
- Using the results of the 2013 employee survey to understand the correlation between attendance, engagement and motivation
  - Developing a transformational approach to attendance and engagement
  - Reinforcing the requirement for managers to engage and maintain meaningful contact with employees
  - Working with public health colleagues to promote support available to employees to remain health and productive
  - Targeted action in areas of high sickness absence
  - Roll out of reasonable adjustment toolkit and training to assist managers to enable employees to return to work more speedily
  - Promoting a case management approach to dealing with long term absence

A copy of the improvement plan is included under Appendix Two.

### **3. OPTIONS FOR CONSIDERATION**

3.1 The Audit Committee is asked to consider the council's current position and determine whether they have sufficient assurance that adequate controls are in place to manage the risk to capacity from increased levels of sickness absence. In particular, consideration should be given to the adoption of a proactive approach to addressing issues that have emerged through 2012/13.

### **4. ANALYSIS OF OPTIONS**

4.1 That the Audit Committee considers that the current position and recommended actions provide sufficient assurance that adequate controls are in place to manage the risk to capacity from increased levels of sickness absence.

4.2 That the Audit Committee considers that the current position and recommended action are not sufficient assurance and requests additional work to be undertaken

### **5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

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

6.1 An integrated impact assessment is not required for this report however. the council is aware of the need to comply with the Equality Act 2010 when dealing with sickness absence.

### **7. OUTCOMES OF CONSULTATION**

7.1 Sickness absence levels are reported to all parties on an ongoing basis.

## 7. RECOMMENDATIONS

- 7.1 That the Audit Committee determines whether there is a continuing assurance that adequate controls are in place to manage the risk to capacity from increased levels of sickness absence.

DIRECTOR OF POLICY AND RESOURCES

Civic Centre  
Ashby Road  
SCUNTHORPE  
North Lincolnshire  
DN16 1AB

Author: Helen Manderson

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### **Background Papers used in the preparation of this report**

Absence Management 2012: Public Sector Summary, CIPD, 2013 - [www.cipd.co.uk](http://www.cipd.co.uk)

## Appendix 1 – Examples of posts by job type

### Administrative/office-based

- Access Officer
- Admin Officer
- Affordable Housing Officer
- Appeals Officer
- Auditor
- Clerical Assistant
- Commissioning Officer
- Creditors & Debtors Officer
- Despatch Clerk
- Economic Development Manager
- Energy Management Officer
- Estates & Valuation Officer
- Funding Officer
- Head of IT
- HR Officer
- Income/Payments Assistant
- Legal & Penalty Notice Officer
- Maintenance Officer
- Operational Manager
- PA/Secretary
- Principal Solicitor
- Resources Officer
- Senior Communications Officer
- Strategic Housing Officer
- Technical Assistant
- Waste Support Services Officer

### Manual

- Arborist
- Assistant Greenkeeper
- Beat Sweeper
- Caretaker
- Chargehand
- Cleaner
- Cook
- Driver
- Escort
- Ganger
- Gardener
- Gravedigger
- Greenkeeper
- Handyperson
- Housekeeping Assistant
- Kitchen Assistant
- Loader
- Mechanic
- Neighbourhood Services Operative
- PCV Driver
- Public Toilet Attendant
- Roadworker
- Site Operative
- Stores Assistant
- Sweeper Driver
- Tractor Driver

### Frontline/community-based

- Behavioural Support Practitioner
- Care Worker
- Case Manager
- Civil Enforcement Officer
- Community Outreach Worker
- Community Support Coordinator
- Community Support Worker
- Creche Assistant
- Dog/Street Warden
- Family Support Worker
- Fitness Assistant
- Gallery Assistant
- Home Care Assistant (Nights)
- Learning Assistant
- Librarian
- Localities Support Worker
- Markets Attendant
- Mental Health Officer
- Nursery Assistant
- Outreach Practitioner
- Parking Services Assistant
- Patrol
- Post 16 Support Worker
- Ranger
- Social Worker
- Youth Justice Support Worker



## Appendix 2 – Managing Attendance Improvement Plan

Action	By whom	Deadline
<b>The organisation understands the root causes of absence and takes appropriate action</b>		
1	Use results of 2013 employee survey to gain a better understanding of correlation between attendance, engagement and motivation	DS Jun 2013
2	Undertake follow up analyses and action based on key findings from 2013 employee survey	DS Sep 2013
3	Work with external partner to develop transformational approach to attendance and engagement (pending soft market testing outcomes)	Tbc To be determined
4	Develop organisational values to support the desired culture	Tbc To be determined
<b>Employees are supported to be healthy and productive</b>		
5	Identify a range of healthy workforce sessions that can be supported through partnership working with our public health colleagues (eg, reflexology, smoking cessation, health checks, health screening)	JW Apr 2013 ongoing
6	To minimise days lost due to musculo-skeletal reasons, lifting and handling training to be made widely available at no cost	JR Sep 2013
7	Promote the existing health scheme and range of options available	JW Jun 2013
8	Use the council's communication channels including screensaver to promote healthy approaches, eg DSE 6-point guidance,	JR May 2013 ongoing
9	Consider the feasibility of various options when the occupational health contract is next up for renewal (eg, triage service, health and physiotherapy services)	JR Jan 2014
10	Raise awareness about targeted support mechanisms for employees (eg, mediation, coaching, mentoring)	EC Apr 2013 ongoing
11	When supporting reviews, HR to help managers to identify the functions that are required, along with appropriate staffing structures.	JA/AP/JW Apr 2013 ongoing
12	Reinforce the importance of engaging and motivating employees through regular communication between managers and employees resulting in engagement (eg, appraisals, 1:1 meetings, regular contact)	HM Jun 2013

Action	By whom	Deadline
<b>Managers engage employees through strong leadership and modelling</b>		
13 Refresh the wording in the sickness section of the appraisal form to encourage recognition of achievement and discretionary effort	BS	May 2013
<b>Managers are equipped with the skills and tools to manage attendance effectively</b>		
14 Examine a range of interventions, including management development programmes, coaching, mentoring	CW	Sep 2013
15 Provide a range of development opportunities in key areas eg. change management, mental health first aid, stress management, difficult conversations, personal resilience, coping techniques, cognitive behavioural therapy (CBT), positive psychology	CW	May 2013 ongoing
16 Introduce lean training to identify better ways of working	CW	Pending budget availability
17 Introduce 'Meeting Specific Needs and Reasonable Adjustments' guidance and toolkit including roll out of programme of workshops to support managers	LD	April 2013 Guidance and toolkit published Jun 2013 Roll out of workshops commences
18 Review circulation of workforce reports to ensure that relevant managers have access to information they need to manage their teams effectively	DS	April 2013
<b>Related policies and processes remain robust and fit for purpose</b> <i>(Through the HR soft market testing, external feedback confirms that the absence policy is sound)</i>		
19 Review the use of exemptions from the sickness absence policy for long term absence	HM	Jun 2013
20 Encourage managers to involve HR in cases of stress/depression where required (adopting a case management approach)	JA/AP/JW	Apr 2013 ongoing