

NORTH LINCOLNSHIRE COUNCIL

AUDIT COMMITTEE

SICKNESS ABSENCE

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To provide the Audit Committee with a progress update on sickness absence levels during 2013/14

2. BACKGROUND INFORMATION

- 2.1 In June 2013, the Audit Committee was assured that adequate controls are in place to manage the risk to capacity from increased levels of sickness absence. The committee requested that a progress report be submitted to the January 2014 meeting. The data provided throughout this report refers to April to November 2013, which is the latest available data for the 2013/14 period.

Analysis of 2013/2014 sickness absence

- 2.2 The average number of working days lost due to sickness absence to date in 2013/14 is 6.06 days against a part year target of 5.45 days - a decrease of 0.55 days compared to the same period in 2012/13. A year-end figure of 9.18 days is projected (against an annual target of 8.25 days), which represents a 0.83 day reduction compared to 2012/13. Table 1 below shows absence levels for the same period over the last four years.

Table 1: Average number of days lost per full time equivalent (fte) employee					
Length	2009/10	2010/11	2011/12	2012/13	2013/14
Up to 7 days	1.53	1.21	1.19	1.29	1.19
8-20 days	0.95	0.76	0.85	0.84	0.82
20-60 days	1.60	1.69	1.38	1.90	1.52
60+ days	2.17	2.28	2.07	2.58	2.53
Total	6.25	5.94	5.49	6.61	6.06
<i>Year end figure</i>	<i>10.24</i>	<i>9.01</i>	<i>8.50</i>	<i>10.01</i>	<i>9.18*</i>

*estimated figure

2.3 The current position by directorate is provided in Table 2 below:

Table 2: Average number of days lost per fte employee by directorate				
Directorate	2013/14 Apr-Nov	2013/14 Projected year end figure	2013/14 Annual target	2012/13 Actual year end figure
People	7.09	10.38	10.23	12.30
Places	7.00	10.09	9.04	11.67
Policy & Resources	5.90	9.17	5.00	7.18
Total	6.06	9.18	8.25	10.01

2.4 Short term sickness absence currently accounts for 33 per cent of all absence, while long term periods account for 67 per cent. Table 3 shows the number of full time equivalent days (fte) lost due to short term (up to 20 days) and long term (over 20 days).

Table 3: Short term and long term absence		
Category	2012/13 Apr-Nov	2013/14 Apr-Nov
Short term (<= 20 days)	9,500	8,347
Long term (> 20 days)	19,987	16,908
Total	29,487	25,255

2.5 During 2013/14, there has been a 12 per cent fall in the number of days lost to short term absence and a 15 per cent decrease in long term absence. Overall, this has resulted in a 14 per cent decrease in the number of fte days lost due to sickness absence. It should be noted that there has been a six per cent fall in the workforce over the same period. However, as the average figure detailed in 2.2 above shows, there has been a relative decrease in sickness absence levels.

2.6 The number of periods of absence has fallen compared to 2012/13 as shown in table 4 overleaf:

Table 4: Period of sickness absence		
Category	2012/13 Apr-Nov	2013/14 Apr-Nov
Short term (<= 20 days)	3,966	3,721
Long term (> 20 days)	523	471
Total	4,489	4,192

2.7 The periods of absence has reduced by 297, which equates to a 7 per cent reduction overall. On average, a period of absence lasts for 6.02 days - long term absence typically lasts for 35.9 days, while the average duration of short term absence is currently 2.24 days.

2.8 Table 5 below sets out the most common reasons for sickness absence to date during 2013/14. This is largely unchanged from trends identified in 2012/13. From the data available, it is not possible to identify the proportion of absence that is work-related as opposed to non-work related.

Table 5: Reasons for sickness absence								
Short term absence			Long term absence			All absence		
1	Infections	19.8%	1	Stress & depression	32.1%	1	Stress & depression	24.6%
2	Stomach & digestion	19.4%	2	Musculo skeletal	22.3%	2	Musculo skeletal	19.3%
3	Musculo skeletal	13.4%	3	Stomach & digestion	9.6%	3	Stomach & digestion	12.8%

Action taken to address sickness absence

2.9 Work is continuing to implement the managing attendance improvement plan detailed in the report submitted to the Audit Committee in June 2013. Key developments within this area include:

- Working with an interim external partner to develop a transformational approach to attendance and engagement
- Secured funding for introduction of innovative approach to manual handling to support a reduction in the number of, and absence from work related to, musculoskeletal injuries (currently at tender stage)

- Developing a programme of awareness and training to promote mental health and well-being at work
- Continued promotion of reasonable adjustment toolkit and training to assist managers to enable employees to return to work more speedily
- Initial stages of review of occupational health provision will commence early January 2014
- Ongoing review of sickness absence by the corporate scrutiny panel

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 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 current levels of sickness absence.
- 4.2 That the Audit Committee considers that the current position and actions outlined above 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. The council is aware of the need to comply with the Equality Act 2010 when managing sickness absence.

7. OUTCOMES OF CONSULTATION

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

8. RECOMMENDATIONS

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

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Background Papers used in the preparation of this report: None