Report of the Assistant Director,
Human Resources

Agenda Item No: 5
Meeting: 23 June 2015

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 2014/15 year-end position

2. BACKGROUND INFORMATION

2.1 In September 2014, the audit committee received a report on sickness absence during 2013/14 and agreed that there was continuing 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 2014/15 year-end position.

Analysis of 2014/2015 sickness absence

2.3 The average number of working days lost due to sickness absence in 2014/15 was 9.47 days against a target of 8.25 days. This shows sickness absence levels remaining at a fairly consistent level compared to 2013/14 as detailed in table 1 below:

Table 1: Average number of days lost per full time equivalent (fte) employee

Length	2010/11	2011/12	2012/13	2013/14	2014/15
Up to 7 days	2.13	2.05	2.17	1.97	2.08
8-20 days	1.21	1.26	1.23	1.29	1.26
20-60 days	2.19	2.02	2.23	2.15	2.32
60+ days	3.48	3.17	4.38	4.04	3.81
Total	**9.01**	**8.50**	**10.01**	**9.46**	**9.47**

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 2013/14 and 2014/15.

Table 2: Number of fte days lost due to sickness absence		
Category	2013/14	2014/15
Short term (<= 20 days)	13,488	13,677
Long term (> 20 days)	25,615	25,075
Total	**39,103**	**38,752**

2.5 During 2014/15, there has been a one per cent increase in the number of days lost to short term absence. There has also been a two per cent reduction in the number of days lost due to long term absence. Overall, this has resulted in a one per cent decrease in the number of fte days lost due to sickness absence.

2.6 The number of periods of absence has fallen compared to last year as shown in the table below:

Table 3: Period of sickness absence		
Category	2013/14	2014/15
Short term (<= 20 days)	6,137	6,045
Long term (> 20 days)	671	694
Total	**6,808**	**6,739**

2.7 Periods of absence have reduced by 69 overall, which equates to a one per cent reduction. On average, a period of absence lasted for 5.75 days in 2014/15 which mirrors trends identified in the previous year. A breakdown by short and long term absence is provided below:

- average duration of a period of short term absence increased very slightly compared to last year from 2.2 to 2.3 days.
- average duration of a period of long term absence has reduced by two days from 38.1 days (2013/14) to 36.1 days (2014/15)

2.8 Table 4 below sets out the most common reasons for sickness absence during 2014/15. The predominance of stress and depression and musculo-skeletal problems amongst the most common reasons for absence mirrors national trends and remain priority areas for targeted action within the council. 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 4: Reasons for sickness absence

Short term absence			Long term absence			All absence		
1	Infections	25.1%	**1**	Stress & depression, mental health	31.2%	**1**	Stress & depression, mental health	24.0%
2	Stomach & digestion	17.8%	**2**	Musculo skeletal	20.4%	**2**	Musculo skeletal	17.3%
3	Musculo skeletal	11.8%	**3**	Back problems	8.5%	**3**	Infections	11.6%

Actions being taken to address sickness absence

2.9 The actions taking place to address sickness absence include:

- **Roll out of Mental Health First Aid (MHFA) and Personal Resilience training:** Approximately 550 employees and managers have accessed MHFA training, with a further 100 undertaking personal resilience training. This is a proactive initiative to support and equip employees with the skills to maintain wellbeing and productivity. It is anticipated that the longer term impact of this will be realised through reduced sickness absence. A key action within this area is to ensure that the ongoing programme of training, awareness and initiatives to promote mental health and wellbeing, as part of the Time to Change pledge, continues to be implemented and supported across the council at all levels.
- **New occupational health provider appointed:** People Asset Management (PAM) is now working with the council to reduce sickness absence including on-site occupational health support, line-by-line absence reviews with SMTs and opportunities to access wider provision such as physiotherapy, which will be beneficial in relation to the reduction of musculo-skeletal disorders and back problems.
- **Refocus of council steering group:** The remit of the Managing Attendance Steering Group was reviewed and replaced by the Workforce Health and Wellbeing Steering Group in March 2015. The group is focused on a wider workplace wellbeing agenda. This group and comprises of key officers across Human Resources and

Public Health. It will provide a strategic lead on workforce health and wellbeing approaches.

- **Monitoring and reporting:** Ongoing monitoring and reporting of sickness absence levels and projections via the workforce reporting schedule continues to provide key information to assist managers in targeting areas of high sickness absence. Human resources continue to provide support to managers to identify 'hotspots' and take action to address high levels of sickness absence.

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. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

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

5. OUTCOMES OF INTEGRATED IMPACTASSESSMENT (IF APPLICABLE)

5.1 An Integrated Impact Assessment is not required.

6. OUTCOMES OF CONSULTATION AND CONLICTS OF INTERESTS DECLARED

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

6.2 There are no conflicts of interests to declare.

7. RECOMMENDATIONS

7.1 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.

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Background Papers used in the preparation of this report: None