

NORTH LINCOLNSHIRE COUNCIL**AUDIT COMMITTEE****ATTENDANCE MANAGEMENT PROGRESS REPORT****1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 To provide the Audit Committee with a progress report on sickness absence levels during 2018/19 and the findings of the task and finish group on stress, depression and mental health.

2. BACKGROUND INFORMATION

- 2.1 In June 2018, the Audit Committee received a report on sickness absence during 2017/18 and it was resolved that a further attendance management progress report and findings of the task and finish group (convened to review provision to support stress, depression and mental health) be submitted in six months' time to the January 2019 meeting.

Overview of 2018/19 sickness absence levels

- 2.2 The average number of full time equivalent (FTE) working days lost per employee due to sickness absence between April and December 2018 is 6.80 days. This is a 4.1 per cent decrease in overall sickness absence levels compared to the same time last year (7.08 days) as detailed in Table 1 below:

Table 1: Average number of days lost per FTE employee (Apr-Dec)

Category	2017/18	2018/19	Variance	Trend
Short term (<= 20 days)	2.18	2.09	↓ 0.09	↓ 4.2%
Long term (> 20 days)	4.91	4.71	↓ 0.20	↓ 4.1%
Total	7.09	6.80	↓ 0.29	↓ 4.1%

- 2.3 Table 2 shows the number of FTE days lost due to short term (up to 20 days) and long term (over 20 days) for April to December in 2017/18 and 2018/19. In 2018/19 to date, there has been a 7.5 per cent fall in the number of days lost due to both short and long term absence:

Table 2: Number of FTE days lost due to sickness absence (Apr-Dec)

Category	2017/18	2018/19	Variance	Trend
Short term (<= 20 days)	8,912	8,244	↓ 668	↓ 7.5%
Long term (> 20 days)	20,094	18,584	↓ 1510	↓ 7.5%
Total	29,006	26,828	↓ 2178	↓ 7.5%

2.4 The number of periods of absence has also reduced compared to the same time last year as shown in the table below:

Table 3: Periods of sickness absence (Apr-Dec)

Category	2017/18	2018/19	Variance	Trend
Short term (<= 20 days)	4,285	3,685	↓ 600	↓ 14.0%
Long term (> 20 days)	644	554	↓ 90	↓ 14.0%
Total	4,929	4,239	↓ 690	↓ 14.0%

2.5 On average, a period of absence lasted for 6.3 days in 2018/19 which is slightly longer than in 2017/18 (5.9 days). A breakdown by short and long term absence is provided below:

- average duration of a period of short term absence increased from 2.08 days (2017/18) to 2.2 days (2018/19)
- average duration of a period of long term absence has increased by just over two days from 31.20 days (2017/18) to 31.20 days (2018/19)

2.6 The above analysis shows that the overall number of days lost due to sickness absence has reduced compared to the same time last year. While the periods of sickness absence reduced, the average duration of periods of sickness absence has increased.

2.7 In considering the above, it should be noted that there has been a 3.5 per cent decrease in the FTE workforce upon which sickness absence figures are calculated. This indicates that the relative percentage decreases in the number of days (Table 2) and periods of sickness absence (Table 3) are larger than the reduction in workforce. The average number of days lost per employee (Table 1) factors in the decrease in workforce so reflects a decrease of 4.1 per cent in real terms. Based on sickness levels to date, the council is projecting a 2018/19 year-end figure of 9.39 days, which represents a decrease of just under six per cent compared to 2017/18 year-end position of 9.95 days.

2.8 Additionally, over half of the workforce (57 per cent) have not had any periods of sickness absence between April and December 2018 – this is slightly above the same time last year (55 per cent). Currently 86 per cent of the council’s workforce are meeting attendance targets which means they are not reaching or exceeding trigger points as set out in the council’s Managing Attendance policy. Again this is a slightly improved figure compared to December 2017 when 83 per cent of the workforce were meeting attendance targets.

2.9 Table 4 below sets out the most common reasons for sickness absence during 2018/19 to date and reflects patterns identified in the 2017/18 report in terms of the nature of conditions causing absence from work.

Table 4: Reasons for sickness absence								
Short term absence			Long term absence			All absence		
1	Infections	20.3%	1	Stress & depression, mental health	30.8%	1	Stress & depression, mental health	24.9%
2	Stomach & digestion	19.6%	2	Musculo skeletal	23.4%	2	Musculo skeletal	20.1%
3	Musculo skeletal	12.4%	3	Stomach & digestion	8.6%	3	Stomach & digestion	12.0%

Findings of the task and finish group

2.10 The Stress, Depression and Mental Health task and finish group consisted of a multi-disciplinary membership drawn from HR, health and safety, diversity and inclusion, welfare counselling and public health. The main findings from the group were:

- There is potential to improve wellbeing, productivity and attendance by better understanding the experience and needs of different employee groups and how they can be impacted differently by issues that lead to mental health and musculo-skeletal related absence.
- More actively promoting positive mental and emotional health across the organisation is key to the achievement of a healthy workplace culture.
- There are key opportunities to work more closely across the organisation (ie. HR and public health) and with our external occupational health (OH) provider to be more proactive in promoting and supporting employee wellbeing. Initial discussions have taken place with both public health and our OH provider’s employee wellbeing specialist to start identifying possible wellbeing initiatives that could be adopted for the workforce.

- Key actions identified by the group include:
 - Working with public health and external OH provider to identify wellbeing training
 - Developing a programme of 'promoting health' campaigns to support healthy working practices and lifestyles.
 - Undertaking a programme of 'conversations' with different groups of employees to engage and gather insight into experience and needs of particular employee groups.
 - Continuing to develop and monitor baseline data to optimise positive outcomes including review of Stonewall staff survey results to identify wellbeing relate themes.
 - Reviewing our commitment to Time to Change pledge alongside Stonewall Champion and Disability Confident Leader.
 - Recruiting more health champions and including training to support/signpost employees on mental and emotional health issues.
 - Reviewing mental health/resilience and wider wellbeing resources available on TopDesk.

2.11 The findings and actions identified by the task and finish group are now being fed into the wider OD programme under the 'Wellbeing' workstream. It is also recognised that the above will contribute positively to 'Be Yourself at Work' and 'Workforce Engagement' themes.

3. OPTIONS FOR CONSIDERATION

3.1 The Audit Committee is asked to consider the information provided above in relation to the council's current position on sickness absence 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 CONFLICTS 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.

DIRECTOR: BUSINESS DEVELOPMENT

Civic Centre
Ashby Road
SCUNTHORPE
North Lincolnshire
DN16 1AB

Author: Debbie Searles, HR Strategy and Information Lead

Date: 14 January 2019

Background Papers used in the preparation of this report: None

