

NORTH LINCOLNSHIRE COUNCIL

AUDIT COMMITTEE

ATTENDANCE MANAGEMENT UPDATE

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform the Audit Committee of sickness absence levels and 2018/19 year-end position.

2. BACKGROUND INFORMATION

- 2.1 In January 2019, the audit committee received an interim progress report on sickness absence during 2018/19 covering the period from April to December 2018.
- 2.2 The committee requested a further report on sickness absence be submitted detailing the final 2018/19 year-end position.

Analysis of 2018/2019 sickness absence

- 2.3 The average number of working days lost due to sickness absence in 2018/19 is 9.51 days. This indicates a four per cent decrease (0.44 days) in overall sickness absence levels compared to 2017/18.

Table 1: Average number of days lost per full time equivalent (fte) employee					
Length	2014/15	2015/16	2016/17	2017/18	2018/19
Up to 7 days	2.08	2.00	2.12	2.22	2.00
8-20 days	1.26	1.02	1.08	1.27	1.12
20-60 days	2.32	2.16	2.27	2.41	2.33
60+ days	3.81	3.38	3.89	4.05	4.06
Total	9.47	8.56	9.36	9.95	9.51

- 2.4 In considering the above, it should be noted that nearly half of the workforce (47 per cent) did not have any periods of sickness absence during 2018/19 – this is consistent with levels of zero absence in 2017/18. At the end of 2018/19, 81 per cent of council employees met attendance targets as set out in the council's Managing Attendance policy – this means that they were not meeting or exceeding trigger points based on absence in the 6 months preceding March 2019.

2.5 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 2017/18 and 2018/19. During 2018/19, there has been a 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			
Category	2017/18	2018/19	Trend
Short term (<= 20 days)	14,170	12,307	↓ 12.6%
Long term (> 20 days)	26,213	25,154	↓ 2.3%
Total	40,383	37,461	↓ 12.2%

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

Table 3: Periods of sickness absence			
Category	2017/18	2018/19	Trend
Short term (<= 20 days)	6,405	5,600	↓ 12.6%
Long term (> 20 days)	781	707	↓ 9.5%
Total	7,186	6,307	↓ 12.2%

2.7 On average, a period of absence lasted for 5.9 days in 2018/19 which is slightly longer than in 2017/18 (5.6 days). A breakdown by short and long term absence is provided below:

- average duration of a period of short term absence remained the same at 2.1 days during 2018/19
- average duration of a period of long term absence has increased from 33.56 days (2017/18) to 35.58 days (2018/19)

Long term sickness impacts significantly on overall sickness levels and accounts for 67 per cent of all absence.

2.8 Table 4 below sets out the most common reasons for sickness absence during 2018/19. 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.

Table 4: Reasons for sickness absence								
Short term absence			Long term absence			All absence		
1	Infections	24.5%	1	Stress & depression, mental health	32.6%	1	Stress & depression, mental health	25.7%
2	Stomach & digestion	18.1%	2	Musculo skeletal	21.2%	2	Musculo skeletal	17.9%
3	Stress & depression, mental health	11.4%	3	Stomach & digestion	8.5%	3	Stomach & digestion	12.4%

2.9 The following activities are taking place to support good levels of attendance and achieve a reduction in sickness absence:

- People Plan:** The council's new People Plan has identified the following as a priority area for 2019/20: developing a targeted and proactive approach to sickness absence reduction in hotspot areas including review of occupational health provision. This will be developed in conjunction with Be Yourself at Work and Wellbeing initiatives taking place across the council including Mental Health Awareness Week.
- Health champions:** More employees are currently being identified to become health champions on a voluntary basis and being trained to support/signpost employees on physical and mental health issues. This will strengthen the network of health champions and enable more employees to become engaged in the council's wellbeing agenda and initiatives which will have a positive impact on attendance.
- Be Yourself at Work conversations:** The council has recently launched a programme of conversations with different groups of employees across the council on how we can help each other to be ourselves at work. This will enable the council to better understand the different experiences of our workforce and promote an inclusive approach to well-being which again it is anticipated will have a positive impact on reducing sickness absence levels.
- 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. Our counselling and welfare service can be accessed by employees on a self-referral basis where they may benefit from additional support to remain in work or return to work after a period of absence.

- **Monitoring and reporting:** Ongoing monitoring and reporting of sickness absence levels via the workforce reporting schedule including monthly 'trigger reports' for managers highlighting those employees who are approaching or have exceeded trigger points. Sickness absence is reported both to the council's Assurance Group and the Council Quarterly Performance Review (QPR) as part of the shared performance dataset.

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 IMPACT ASSESSMENT (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.

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Background Papers used in the preparation of this report: None