

**NORTH LINCOLNSHIRE COUNCIL**

**AUDIT COMMITTEE**

**ATTENDANCE MANAGEMENT ANNUAL REPORT**

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

- 1.1 To inform the Audit Committee of sickness absence levels and 2017/18 year-end position

**2. BACKGROUND INFORMATION**

- 2.1 In July 2017, the audit committee received a report on sickness absence during 2016/17 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 2017/18 year-end position.

**Analysis of 2017/2018 sickness absence**

- 2.3 The average number of working days lost due to sickness absence in 2017/18 is 9.95 days. This indicates an increase in overall sickness absence levels of just below four per cent compared to 2016/17.

<b>Table 1: Average number of days lost per full time equivalent (fte) employee</b>					
<b>Length</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Up to 7 days	1.97	2.08	2.00	2.12	2.22
8-20 days	1.29	1.26	1.02	1.08	1.27
20-60 days	2.15	2.32	2.16	2.27	2.41
60+ days	4.04	3.81	3.38	3.89	4.05
<b>Total</b>	<b>9.46</b>	<b>9.47</b>	<b>8.56</b>	<b>9.36</b>	<b>9.95</b>

- 2.4 In considering the above, it should be noted that nearly half of the workforce (43 per cent) did not have any periods of sickness absence during 2017/18 – this is consistent with levels of zero absence in 2016/17.

Also, long term absence due to cancer-related illness and treatment accounts for 0.53 days of the average number of days lost, which if excluded would reduce the annual average figure to 9.42 days per FTE employee.

- 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 2016/17 and 2017/18. During 2017/18, there has been an increase in the number of days lost due to both short and long term absence:

<b>Table 2: Number of fte days lost due to sickness absence</b>			
Category	2016/17	2017/18	Trend
Short term (<= 20 days)	13,310	14,170	↑ 6.5%
Long term (> 20 days)	25,614	26,213	↑ 2.3%
<b>Total</b>	<b>38,924</b>	<b>40,383</b>	↑ <b>3.8%</b>

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

<b>Table 3: Periods of sickness absence</b>			
Category	2016/17	2017/18	Trend
Short term (<= 20 days)	6,313	6,405	↑ 1.5%
Long term (> 20 days)	717	781	↑ 8.9%
<b>Total</b>	<b>7,030</b>	<b>7,186</b>	↑ <b>2.2%</b>

- 2.7 On average, a period of absence lasted for 5.6 days in 2017/18 which is slightly longer than in 2016/17 (5.5 days). A breakdown by short and long term absence is provided below:

- average duration of a period of short term absence increased very slightly from 2.1 days (2016/17) to 2.2 days (2017/18)
- average duration of a period of long term absence has reduced by just over two days from 35.72 days (2016/17) to 33.56 days (2017/18)

- 2.8 Table 4 below sets out the most common reasons for sickness absence during 2017/18. 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. The 2018 CIPD Health and Wellbeing at Work Survey Report states *“Minor illness remains the most common cause of short-term absence for the vast majority of organisations, while mental ill health, musculoskeletal injuries (including back pain), stress and acute*

*medical conditions are the most common causes of long-term absence, as in previous years.”<sup>1</sup>.*

Table 4: Reasons for sickness absence								
Short term absence			Long term absence			All absence		
1	Infections	27.1%	1	Stress & depression, mental health	26.8%	1	Stress & depression, mental health	23.4%
2	Stomach & digestion	17.5%	2	Musculo skeletal	22.6%	2	Musculo skeletal	20.0%
3	Chest & Respiratory	11.1%	3	Stomach & digestion	9.0%	3	Infections	12.4%

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

- Stress, depression and mental health:** A task and finish group is being established to review and develop the provision of proactive support for the workforce around issues of mental health and wellbeing. This is a multi-disciplinary group drawing expertise from HR, health and safety, diversity and inclusion, welfare counselling and public health.
- Occupational health provision:** The council is supported by PAM, our external occupational health (OH) provider, to manage attendance through weekly on-site OH clinics, case conferences to support the resolution of complex, long term cases and workplace assessments – all of which are focused on facilitating proactive OH advice. Additional OH clinics are provided for health surveillance monitoring.
- Monitoring and reporting:** Ongoing monitoring and reporting of sickness absence levels via the workforce reporting schedule continues to provide information to assist managers in targeting areas of high sickness absence – this covers levels of short term and long term absence, zero absence and completion of return to work interviews. Managers also receive monthly ‘trigger reports’ highlighting those employees who are approaching or have exceeded trigger points. 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.

<sup>1</sup> Health and Wellbeing at Work Survey Report, CIPD, May 2018, p6

- **Counselling & Welfare Service:** The in house counselling and welfare service provides employees with access to BACP approved counsellors on a self-referral basis. HR business partners and the council's OH provider work with the service to signpost employees where they may benefit from additional support to remain in work or return to work after a period of 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 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: 18 June 2018

**Background Papers used in the preparation of this report: None**