

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 2013/14 year-end position

2. BACKGROUND INFORMATION

- 2.1 In January 2014, the audit committee received a progress report on sickness absence during 2013/14 and agreed that adequate controls were in place to manage the risk to capacity due to sickness absence.
- 2.2 The committee has requested a further report on sickness absence detailing the 2013/14 year-end position.

Analysis of 2013/2014 sickness absence

- 2.3 The average number of working days lost due to sickness absence in 2013/14 was 9.46 days against a target of 8.25 days. This is a decrease of 0.55 days compared to 2012/13 and represents a reverse in the upwards trend identified last year as detailed in table 1 below:

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	2.68	2.13	2.05	2.17	1.97
8-20 days	1.52	1.21	1.26	1.23	1.29
20-60 days	2.34	2.19	2.02	2.23	2.15
60+ days	3.71	3.48	3.17	4.38	4.04
Total	10.25	9.01	8.50	10.01	9.46

- 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 2012/13 and 2013/14.

Table 2: Number of fte days lost due to sickness absence		
Category	2012/13	2013/14
Short term (<= 20 days)	14,957	13,488
Long term (> 20 days)	29,086	25,615
Total	44,043	39,103

- 2.5 During 2013/14, there has been a ten per cent fall in the number of days lost to short term absence. There has also been a 12 per cent reduction in the number of days lost due to long term absence. Overall, this has resulted in an 11 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 2012/13 as shown in the table below:

Table 3: Period of sickness absence		
Category	2012/13	2013/14
Short term (<= 20 days)	6,678	6,137
Long term (> 20 days)	738	671
Total	7,416	6,808

- 2.7 Periods of absence have reduced by 608, which equates to an eight per cent reduction overall. On average, a period of absence lasted for 5.74 days in 2013/14 compared to 5.94 days in 2012/13. The impact of long term absence on this overall figure is reflected in a decrease in average duration from 39.4 days to 38.1 days. The average duration of a period of short term absence has fallen slightly compared to last year from 2.24 to 2.19 days.
- 2.8 It should be noted that there has been a three per cent reduction in workforce over the same period. Therefore, the figures detailed above show a relative decrease in sickness absence levels during 2013/14.

2.9 Table 4 below sets out the most common reasons for sickness absence during 2013/14. The predominance of stress and depression and musculo-skeletal problems amongst the most common reasons for absence mirrors national trends and are 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	21.7%	1	Stress & depression	31.7%	1	Stress & depression	24.1%
2	Stomach & digestion	19.5%	2	Musculo skeletal	21.8%	2	Musculo skeletal	18.3%
3	Musculo skeletal	11.8%	3	Stomach & digestion	8.8%	3	Infections	12.5%

Current position on sickness absence

2.11 The number of days lost due to sickness absence for 2014/15 based on the latest data available (April to July 2014) is 2.91 days. This is compared to 3.08 days at the same time last year. The projected year-end figure for 2014/15 currently stands at 8.92 days against the annual target of 8.25 days.

Action being taken to address sickness absence

2.10 The actions currently taking place to address sickness absence are as follows:

- Introduction of 'Passing on the Principles' manual handling training – targeted at reduction in musculo-skeletal related absence and disorders
- Programme of awareness and training to promote mental health and well-being at work – targeted at reduction in stress-related absence
- Working with Time for Change to undertake organisational health check with regard to mental health and wellbeing.

- Continued promotion of reasonable adjustment toolkit and training to assist managers to enable employees to return to work more speedily
- Revised specification for occupational health provision out to tender – new contract to commence October 2014 pending outcome of tender process
- Ongoing work with interim external partner to develop a transformational approach to attendance and engagement
- Ongoing monitoring and reporting of sickness absence levels and projections via workforce reporting schedule

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. In particular, consideration should be given to the reduction in sickness levels and the proactive measures being taken to address issues that have emerged through 2013/14.

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.

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Background Papers used in the preparation of this report: None