

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 2016/17 year-end position.

2. BACKGROUND INFORMATION

- 2.1 In June 2016, the audit committee received a report on sickness absence during 2015/16 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 2016/17 year-end position.

Analysis of 2016/2017 sickness absence

- 2.3 The average number of working days lost due to sickness absence in 2016/17 is 9.36 days against a target of 8.25 days. This indicates just over a nine per cent increase in sickness absence levels compared to 2015/16.

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

Length	2012/13	2013/14	2014/15	2015/16	2016/17
Up to 7 days	2.17	1.97	2.08	2.00	2.12
8-20 days	1.23	1.29	1.26	1.02	1.08
20-60 days	2.23	2.15	2.32	2.16	2.27
60+ days	4.38	4.04	3.81	3.38	3.89
Total	10.01	9.46	9.47	8.56	9.36

- 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 2016/17.

Also, long term absence due to cancer-related illness and treatment accounts for 0.4 days of the average number of days lost, which if excluded would reduce the annual average figure to 8.97 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 2015/16 and 2016/17. During 2016/17, there has been a six per cent increase in the number of days lost due to short term absence and a corresponding 11 per cent increase in long term absence.

Table 2: Number of fte days lost due to sickness absence			
Category	2015/16	2016/17	Trend
Short term (<= 20 days)	12,560	13,310	↑ 6.0%
Long term (> 20 days)	22,994	25,614	↑ 11.4%
Total	35,554	38,924	↑ 9.4%

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	2015/16	2016/17	Trend
Short term (<= 20 days)	5,894	6,313	↑ 7.1%
Long term (> 20 days)	668	717	↑ 7.3%
Total	6,562	7,030	↑ 7.1%

2.7 On average, a period of absence lasted for 5.5 days in 2016/17 which shows a slight increase compared to 5.4 days in 2015/16. A breakdown by short and long term absence is provided below:

- average duration of a period of short term absence remained the same compared to last year at 2.1 days
- average duration of a period of long term absence has increased by just over a day from 34.4 days (2015/16) to 35.7 days (2016/17)

2.8 Table 4 overleaf sets out the most common reasons for sickness absence during 2016/17. 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 2016 CIPD absence survey states '*Stress, musculoskeletal injuries and mental ill health are the top causes of absence in the public sector*' and '*half of the public sector report an increase in stress-related absence over the past year and nearly two-thirds an increase in reported mental health problems.*'¹.

¹ Absence Management Survey Public Sector Summary 2016, CIPD, November 2016, p4

Table 4: Reasons for sickness absence								
Short term absence			Long term absence			All absence		
1	Infections	24.9%	1	Stress & depression, mental health	34.2%	1	Stress & depression, mental health	26.6%
2	Stomach & digestion	18.2%	2	Musculo skeletal	25.0%	2	Musculo skeletal	20.2%
3	Stress & depression	12.0%	3	Chest & respiratory	6.5%	3	Stomach & digestion	10.4%

2.9 The following actions are being taken to support good levels of attendance and achieve a reduction in sickness absence:

- Sickness Absence policy:** The revised Attendance Management policy implemented on 1 April 2016 includes mechanisms for earlier referrals particularly where the absence is related to musculoskeletal or stress related problems. It has been identified that this provision could be utilised more to ensure earlier intervention and work will take place in 2017/18 to promote this further with managers.
- Promotion of health and well-being:** There is an ongoing programme of training, awareness and initiatives to promote mental health and wellbeing. During 2016/17, 42 employees have attended mindfulness training in addition to 70 employees who completed this in 2015/16. A further 66 employees have completed personal resilience training which builds upon the 130 employees trained in 2015/16. Both courses are aimed at supporting and equipping employees with the skills to maintain wellbeing and productivity.
- 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. The current OH contract will expire in December 2017 and work has started to review the service specification to ensure that the council continues to access OH provision that best meets its needs to support good levels of attendance and support the reduction of sickness absence.

- **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. In 2016/17, the service delivered 1442 counselling sessions to council and school employees.
- **Monitoring and reporting:** Ongoing monitoring and reporting of sickness absence levels via the workforce reporting schedule continues to provide key information to assist managers in targeting areas of high sickness absence. The content of reports is currently being reviewed with a focus on reinforcing manager accountability through exception reporting. 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' 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 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