

## **ATTENDANCE MANAGEMENT 2022 - 2023**

### **1. RECOMMENDATIONS**

- 1.1 HR Ctte note the content of the report and support the proposed attendance management action plan detailed in section 7.

### **2. INTRODUCTION**

- 2.1 This report provides attendance management data from 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023, including trend data where it is applicable. Trend data from financial year 2018 onwards has been included where possible to enable a three year comparison outside of the pandemic years.
- 2.2 Working time lost because of sickness is 3.92% in the last 12 months. The total number of sickness days has reduced by 10.31% in comparison to the previous 12 month period.
- 2.3 Information within this report also includes the Councils approach to managing sickness absence in the last 12 months and an action plan for its continued management.

### **3. BACKGROUND**

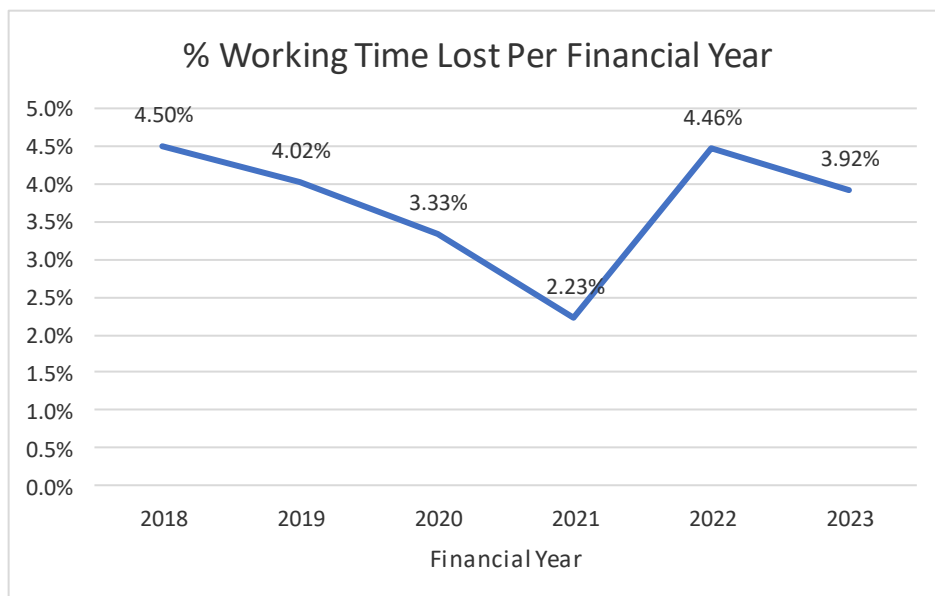
- 3.1 The annual sickness absence reports for financial years 2020 – 2021 and 2021 – 2022 detailed covid absences separately to sickness absence. From 1<sup>st</sup> July 2022 the Council adopted treating covid absences in the same way as any other sickness for sickness tigger and pay purposes. On this basis covid absences are not detailed separately in this data and are indicated as 'Covid-19' as a reason for sickness absence.
- 3.2 As of 31<sup>st</sup> March 2023 the Councils workforce headcount is 782, this equates to 690 full time equivalents (FTE's). The Councils workforce size has not significantly changed in the past financial year.
- 3.3 Approximately 45% of the workforce are in operational manual roles (Waste and Transport, Grounds and Streetscene, Housing Maintenance). Proportionally the operational workforce account for 73% of the Councils sickness absence in the last financial year.
- 3.4 The Council promotes hybrid working for its office based staff through the WorkSmart policy, with primarily a 50:50 office and remote split depending on the nature of roles. This is available to approximately 55% of employees. The Council promotes good judgement to the management of reducing the spread of common infections amongst teams. The ability to remote work also supports some employees to remain working, for example those recovering from an operation who temporarily are unable to drive or are managing reduced mobility.

#### 4. SICKNESS ABSENCE DATA

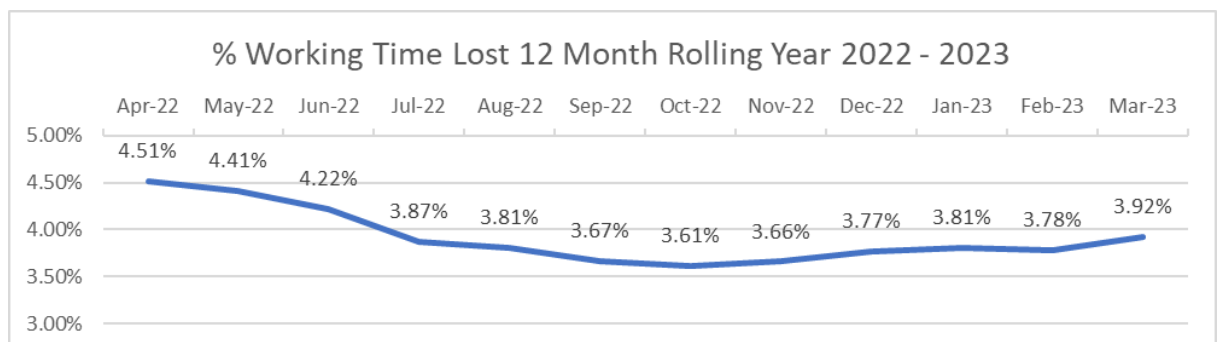
##### 4.1 Average sickness absence rate per FTE and percentage of working time lost:

	April 20 – March 21	April 21 – March 22	April 22 – March 23
Total number of sickness absence days	4,579*	7,865	7,054
Average number of sickness days per FTE	5.81*	11.63	10.22
Percentage of working time lost	2.23%*	4.46%	3.92%

\* These figures are significantly lower in the 20/21 financial year because whilst the Council responded to the Covid pandemic many employees were absent with permission self-isolating following Government guidance at that time. This totalled 7783 working days. For at least seven months of that year most of the Council's 400 Leisure Centre employees (TUPE'd on 30 June 2021) were absent on furlough.



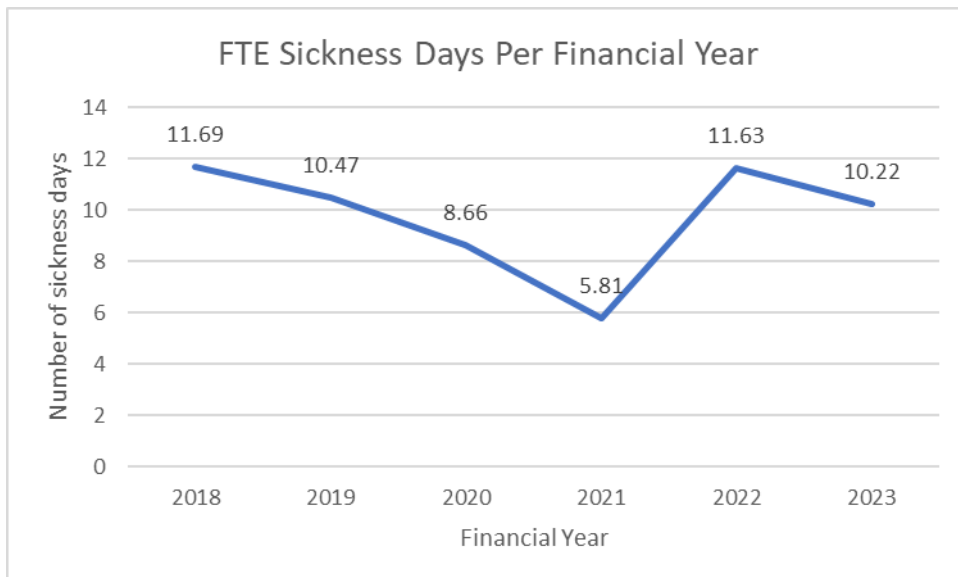
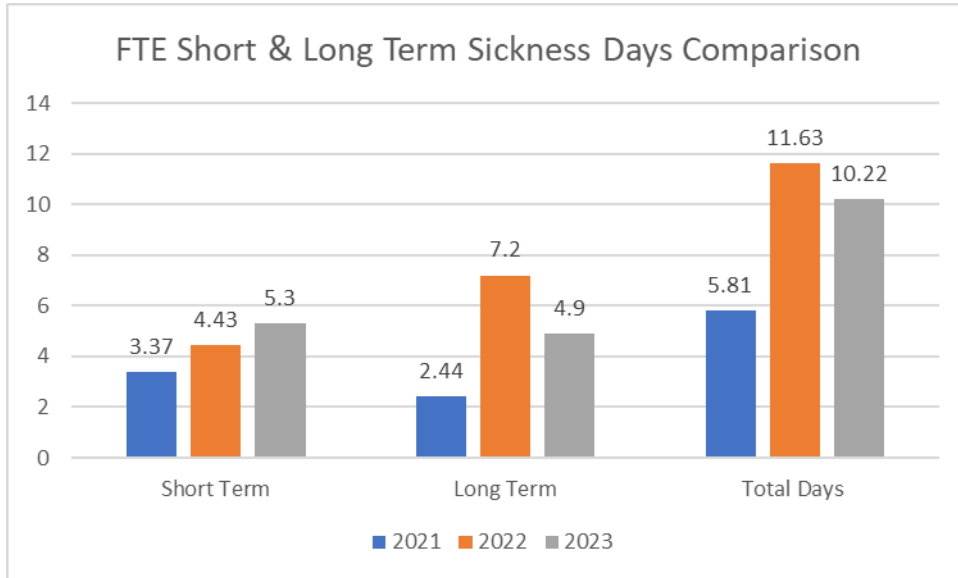
Month by month % working time lost for the 12-month rolling year from April 22 – March 23:



The percentage of working time lost because of sickness in the last 12 months has decreased from 4.46% to 3.92%. The total number of sickness absence days has

reduced by 10.31%. The total estimated productivity cost of sickness absence is circa £729,750. This is based on the median average salary and does not take account of full/half/no pay or agency cover costs.

4.2 The tables below show trend data for short, long term and total sickness absence per FTE. Long term sickness absence is defined as any absence lasting longer than 20 working days, in comparison to short term which are absences less than 20 working days.



This indicates primarily a return to pre pandemic sickness levels in the past two years, and a reduction of 1.41 sickness days per FTE in the past 12 months.

4.3 Appendix 1 details the total sickness days per FTE and their percentage of working time lost by Service Area. This indicates that primarily the three operational service area's are continuing to manage the highest sickness absence levels.

- 4.4 The table below shows Musculo Skeletal remains the top detailed reason for sickness absence in the last financial year.

Sickness Reason	% of total number of sickness days	
	April 21 – March 22	April 22 – March 23
Musculo Skeletal	24%	25%
Stress/Depression	23%	15%
Covid 19	11%	11%
Stomach and Kidney	7%	10%
Chest and Respiratory	8%	11%
Other (amalgamation of remaining sickness reasons)	28%	28%

Within the 'Other' category there were 17 work related absences. Work related absence over 7 days are reported to EMT through the H & S quarterly reports and are listed as RIDDOR incidents.

Absences related to Musculo skeletal issues remains the highest proportion of the Councils sickness absence. This is reflected in our large operational workforce, who do account for 73% of the Councils total sickness absences for this financial year. Management work closely with the Health and Safety team to prevent absences wherever possible by supporting safe ways of working.

Stress/Depression remains the second highest reason for absences, although significantly reduced to the previous year. Supporting employee wellbeing remains a top priority, the Councils continued approach is detailed in section 6.

There have been no absences because of Long Covid. All Covid 19 absences have been short term.

The CIPD 2023 Health and Wellbeing Report will be published in September. The HR team will use this at that time to compare against trends in other public sector employers regarding attendance management.

## 5. ATTENDANCE MANAGEMENT

### 5.1 Attendance Management resolutions April 2022 – March 23

Resolution Category	Number of Cases	Percentage
Informal advice given	13	22%
Long Term Absence Return to Work at Step 1	14	24%
Long Term Absence Return to Work at Step 2	11	19%
Short Term Sickness Closed at Step 2*	10	17%
Step 3 Case Review not resulting in Dismissal	1	2%

Dismissal	2	3%
Ill Health Retirement	1	2%
Resignation during process	7	12%
<b>Total</b>	<b>59</b>	<b>100%</b>

\* This figure will be significantly higher across the workforce because HR are not required to attend these meetings unless the case needs Occupational health support and will progress to Step 2 Review.

The table below indicates the number of open cases at the time of writing in April 2023.

<b>Open Cases Category</b>	<b>Number of Cases</b>	<b>Percentage</b>
Short Term Step 2	6	32%
Long Term Step 1 or 2	11	58%
Case Review	2 (1 awaiting ill health retirement decision)	11%
<b>Total</b>	<b>19</b>	<b>100%</b>

- 5.2 For employees managing long term health conditions in the workplace adjustments are made wherever possible. Occupational Health advice supports the Council to make appropriate adjustments for employee's based on their needs. In most cases temporary adjustments are needed to support an employee either during an illness whilst they remain at work or upon their return once recovered/recovering.
- 5.3 In the 22-23 financial year 42 Occupational Health referrals were made, an increase from 37 in the previous financial year.
- 5.4 9 employees are supported by permanent reasonable adjustments to their role/working environment.

## **6. ATTENDANCE MANAGEMENT ONGOING ACTIONS**

### **6.1 Ongoing actions:**

- i. The HR Advisory Team have improved management information available to Service Managers in the past 12 months. This includes monthly tracking of percentage of working time lost per service area and the number of short and long term absences. Online sickness absence reports and trend data remain available through HR Hub Management Information.
- ii. A robust sickness absence procedure is in place, this includes a return to work meeting with management after every absence and short and long term triggers to initiate absence management meetings.
- iii. The HR Advisory Team advise and support managers through the Absence Management procedure, this includes attendance at sickness meetings from Step 2 onwards. The aim of their advice is proactive, supporting successful

resolutions to absences, whilst sensitively treating cases based on their circumstances.

- iv. Internal Absence Management training sessions continue to be run twice yearly for supervisors and managers. This supports the introduction of new line managers and those needing a refresher to be trained in proactive absence management within the parameters of the formal process.
- v. The management of reasonable adjustments was formalised in January 2023. This included improved guidance to agree reasonable adjustments, documenting and ongoing review of tailored support, based on employee circumstances. The Council continues to work with Occupational Health to support employee adjustments.
- vi. A menopause policy was adopted in September 2022 which included the introduction of a menopause brief bite training session for managers and employees.
- vii. The Senior HR Advisor has fortnightly meetings with the Waste Operations Manager and Grounds and Streetscene Manager to provide regular people support, including absence management. This was introduced as a measure to tackle the highest area of concern in relation to sickness absence.
- viii. Flu jabs were offered to all Operational employees and other employees where appropriate

6.2 Wellbeing support for all employees remains a priority. The below lists various preventative support promoted by the HR Team:

- i. Ongoing promotion of the Employee Assistance Programme offering 24/7 support for all of life's events, including emotional/personal, legal, financial, addiction and career.
- ii. A suite of Wellbeing Champions are available and the benefits of using the support promoted to the workforce. Regular group meetings are held to improve skills and a consistent approach.
- iii. HR ran the 'Managing our Mental Health' session.
- iv. Championing managers to support employees with Wellbeing Action Plans. These help managers to develop an awareness of working style, stress triggers and responses. The aim is to support employee wellbeing at work.
- v. Ongoing review of up to date and ongoing mental health resources on our pages.

## **7. ATTENDANCE MANAGEMENT ACTION PLAN**

7.1 Proposed future actions:

- i. The HR Advisory Team will consult with Service Area's on the format of the sickness statistics provided to ensure it continues to meet service area needs.

- ii. Three-year trend data of short-term sickness days per FTE shows an increase in short term absences. Currently the HR Team are informed of long-term absences only through the HR Management System. The intention is to include the HR Advisory Team on the sickness alerts which go to managers for short term sickness triggers. The team will then be aware and can support managers in the proactive management of frequent short absences.
- iii. To extend the fortnightly meetings to the Housing Maintenance Service area because they are the final operational service managing higher than average absences.
- iv. The HR Advisory Team will review the success of providing flu jabs to the workforce.

## **8. CONCLUSIONS**

- 8.1 The Council continues to proactively manage attendance, this is reflected in the reduced sickness absence in the last financial year.

## **9. FINANCIAL IMPLICATIONS**

- 9.1 Attendance management costs are indicated in 4.1.

## **10. CRIME & DISORDER IMPLICATIONS**

- 10.1 None.

## **11. ENVIRONMENTAL IMPLICATIONS**

- 11.1 None.

## **12. EQUALITY & DIVERSITY IMPLICATIONS**

- 12.1 The sickness absence management procedure applies to all employees. This interpreted fairly and consistently across the workforce whilst accounting for individual circumstances, for example where an employee is managing a long term health condition.
- 12.2 Sicknesses absences are managed with sensitivity and based on employee health needs, whilst ensuring a fair, corporate approach.

## **13. DATA PROTECTION IMPLICATIONS**

- 13.1 None.

## **14. EMT COMMENTS**

- 14.1 EMT were pleased to see the reduction in working time lost overall.
- 14.2 EMT were pleased to support the action plan at point 7 in the report.

## 15. EMPLOYEE SIDE COMMENTS

15.1 Employee side asked for clarification on absences related to Covid and whether any were Long Covid. This has been responded to in the main body of the report, but to confirm there are no absences recorded as Long Covid.

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### **Background Papers:**

None



## APPENDIX 1

Service Area	Short Term Days per FTE	Long Term Days Per FTE	Total Days per FTE	% Working Time Lost
Accountancy and Procurement	1.66	0.00	1.66	0.64%
Human Resources	4.14	0.00	4.14	1.59%
ICT	2.95	2.03	4.98	1.91%
Estates and Valuation	5.02	0.00	5.02	1.93%
Revenues and Benefits	3.63	3.60	7.23	2.77%
Elections and Business Improvement	1.85	13.94	15.79	6.05%
Corporate Resources, Section 151 and Transformation	3.47	2.81	6.27	2.41%
Legal and Information Governance	0.85	0.00	0.85	0.33%
Housing Strategy and Development	0.73	0.00	0.73	0.28%
Democratic Services	1.69	0.00	1.69	0.65%
Housing Options, Rents, Support and Private Sector	4.31	0.83	5.13	1.97%
Estates Management and Support	5.95	0.87	6.81	2.61%
Environmental and Regulation	3.25	4.46	7.71	2.96%
Housing Maintenance	6.82	8.36	15.18	5.82%
Governance, Housing and Communities	5.18	4.38	9.57	3.67%
Building Control	1.34	0.00	1.34	0.51%
Development Management	2.10	0.00	2.10	0.81%
Policy and Strategy	2.49	0.00	2.49	0.96%
Coastal	2.84	0.00	2.84	1.09%
Enforcement	2.91	3.31	6.22	2.39%
Economic Development	8.58	0.00	8.58	3.29%
Grounds and Streetscene	7.12	8.29	15.41	5.91%
Waste and Transport	8.92	10.11	19.02	7.30%
Place, Operations and Sustainability	6.37	6.51	12.88	4.94%
EMT	0.75	0.00	0.75	0.29%
Communications	3.00	0.00	3.00	1.15%
<b>Council Total</b>	<b>5.30</b>	<b>4.91</b>	<b>10.22</b>	<b>3.92%</b>